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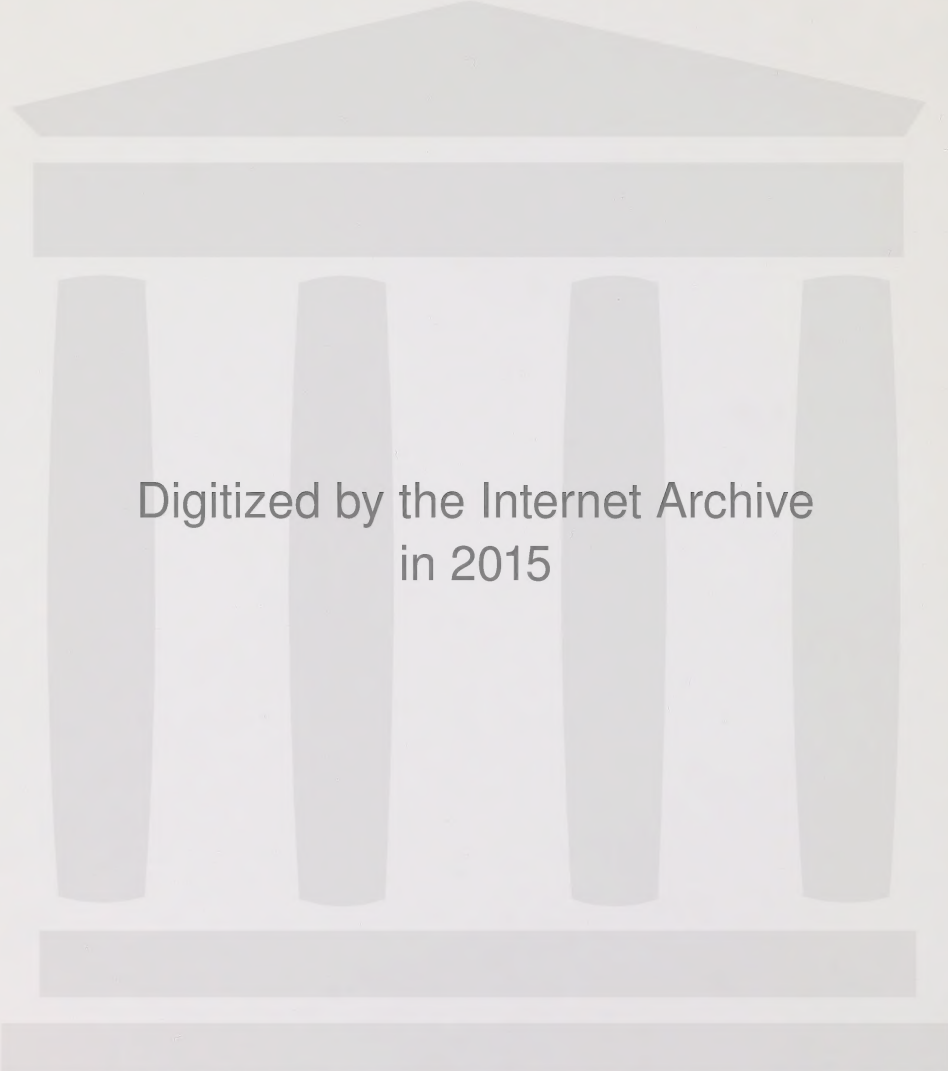
# Treatment Tools

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A Resource for  
Counsellors Treating  
Problem Gambling

**AADAC**

Alberta Alcohol and Drug Abuse Commission  
An Agency of the Government of Alberta



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**THE QUOTES THAT YOU WILL  
FIND ON EACH DIVIDER ARE  
DIRECTED TO THE GAMBLER,  
THE COUNSELLOR, OR THE  
GAMBLER'S FAMILY.**

---

**TO THE COUNSELLOR**

*Offer the gambler as much  
information as he/she  
wants and needs.*





# OVERVIEW

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## ACKNOWLEDGEMENTS

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This manual is the result of the work of many people over a period of one and a half years. During this time, the manual was researched and written; input was received from field testing by AADAC and Funded Agency staff, surveys and focus groups; and the recommendations from these activities were implemented.

We would like to thank:

Dayle Bruce for the research and writing of the manual.

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and

The gamblers we have been privileged to work with, at both the individual and group level, for teaching us so much.

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## INTRODUCTION

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This treatment package is intended for use by addictions counsellors who need an additional resource to assist adult clients with gambling problems. The package is directed towards outpatient counsellors, but treatment personnel in other settings may also find it useful.

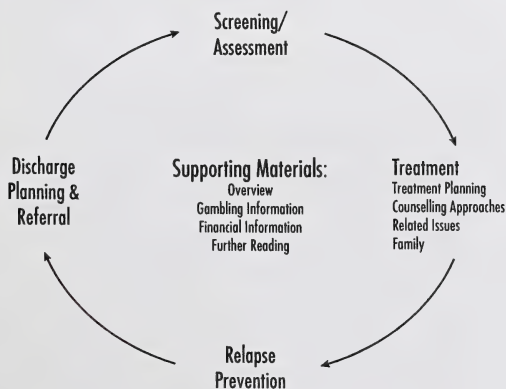
## HOW TO WORK WITH THE PACKAGE

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There are eight indexed sections in this package, designed to offer information and resources on specific issues related to problem gambling at varying stages of treatment. The sections, in the order they appear in the manual, are:

1. Overview
2. Gambling Information
3. Screening and Assessment
4. Treatment
5. Financial Information
6. Relapse Prevention
7. Discharge Planning and Referral
8. Further Reading.

The sections are arranged to follow the treatment process. Four sections deal directly with the treatment process, while the remaining sections consist of supporting materials. The following diagram illustrates the underlying structure of the manual:



This resource is intended to offer choices to the counsellor when working with clients, and is not meant to be a rigid program. Clients have individual needs and will progress at their own pace. Their pace will depend on many variables, including their readiness to change.

The sections are colour-coded: information is on white paper, tools and handouts are on coloured paper. Please feel free to photocopy the handouts for use with clients.

References referred to in each section are listed at the back of that section. Additional reference reading is listed by topic in Section #8: Further Reading.

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## INTRODUCTION TO AADAC

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AADAC, which stands for the Alberta Alcohol and Drug Abuse Commission, is an agency funded by the Government of Alberta. AADAC has provided alcohol and other drug addiction services to the people of Alberta since 1951. In 1994, AADAC became responsible for addressing problem gambling in the province.

AADAC's mission is to assist Albertans to achieve a life free from the abuse of alcohol, other drugs and gambling. AADAC's role is to promote people's independence and well-being through increasing use of social, emotional, spiritual, and physical resources, and to provide cost-effective, holistic alternatives to hospital-based and medical services.

Treatment services offered by AADAC and its Funded Agencies include: assessment and referral, detoxification and shelter, individual and group counselling, day treatment programs, residential treatment, and halfway programs. As well, specialized services are available for adolescents, women and Native people in order to meet their unique needs. AADAC also provides prevention, education, and training services. All services are delivered through a network of 42 locations around the province.

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## AADAC'S GAMBLING PRINCIPLES AND GUIDELINES

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This package is one of many AADAC initiatives guided by the following principles and guidelines:

### EXECUTIVE PERSPECTIVE

Most Albertans gamble as an occasional form of recreation. However, a small minority (estimated at about 5%) experience substantial personal, social and financial problems as a result of their gambling and need assistance.

Although AADAC's primary mandate is to provide services related to alcohol and other drug abuse, the Commission recognizes an appropriate and strong role in assisting groups and communities in treating and preventing problem gambling.

### CONTEXT

1. Effective and efficient treatment and prevention services occur through enhancing direct services, through partnerships with community-based, non-profit services and with existing service providers.
2. Initiatives for addressing problem gambling will be community-based, flexible and adaptable to changing needs. As such, the Commission will function as the key source of funding for specialized approaches developed to prevent and treat problem gambling.
3. In order to enhance treatment services, matching between client need and level of care and intervention approach must occur. However, little empirical data or clinical experience is available on which to base case work and service delivery decisions. More information about assessment and appropriate use of clinical resources is needed.
4. Empirical findings show significant rates of cross addiction between problem gambling and substance abusing populations.

### ASSUMPTIONS

1. The experience of problem gambling is multidimensional. Treatment must respond to all aspects of the person's functioning, taking into consideration behavioral, cognitive, emotional, financial and psychological factors.
2. Problems gamblers often experience or have experienced non-addictions problems (e.g. earlier traumatic event, depression or suicidal ideation) that accompany or make them susceptible to addictions problems.
3. There is a sufficient degree of similarity between gambling and substance abuse problems to indicate that the use of similar approaches to prevention and treatment would be effective.

### PRINCIPLES

1. Treatment of problem gambling must be broad enough to encompass a wide range of belief systems, models and treatment approaches.
2. Recognizing the appropriateness of addressing problem gambling in a manner similar to alcohol and other drug abuse, AADAC Perspectives that provide context, and direction for treatment and prevention services, also apply to this issue.
3. AADAC will provide training for its own staff, allied professionals and others with emphasis on the similarities and differences between problem gambling and substance abuse and their treatment and prevention.
4. Family dysfunction is likely to accompany a significant gambling problem. Thus, the family and other social supports have a significant part to play in recovery.
5. Problem gambling and addiction to gambling need to be supported by a particular set of stakeholder and mutual referral sources (e.g. financial and bankruptcy counselling).
6. The range of services for addressing problem gambling must include primary prevention, education and early intervention and these areas need sufficient resources to support them.

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## GUIDELINES

1. The general principles for treating problem gambling are the same as other addictions. That is, treatment should be individualized, assessment driven, planned, negotiated, matched with appropriate resources and tasks for recovery, and relevant to the client.
2. AADAC will offer outpatient counselling services to problem gambling clients, to substance abusing clients with gambling problems, and will respond to education and prevention requests. These services will consist of education and information materials, screening, assessment, basic counselling and referral of clients, and consultation with allied professionals.
3. Prevention, treatment and referral practices will be designed to take into account the non-addictions problems that accompany or have made the person susceptible to addictions and that are specific to problem gambling.
4. Concurrent treatment for gambling and substance abusing clients is appropriate where both problems exist.
5. AADAC will offer services to families of problem gamblers, in order to alleviate distress and facilitate recovery. Those families in need of more intensive counselling and therapy will be appropriately referred.
6. AADAC programs and services will forge links with the gaming and financial counselling sectors in order to facilitate prevention, early identification and referral to these professionals.

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*Try to learn and understand the gambling problem. Be as patient and understanding as possible.*

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*Gambling knows no barriers such as race, religion, income , sex.*

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#### **TO THE GAMBLER**

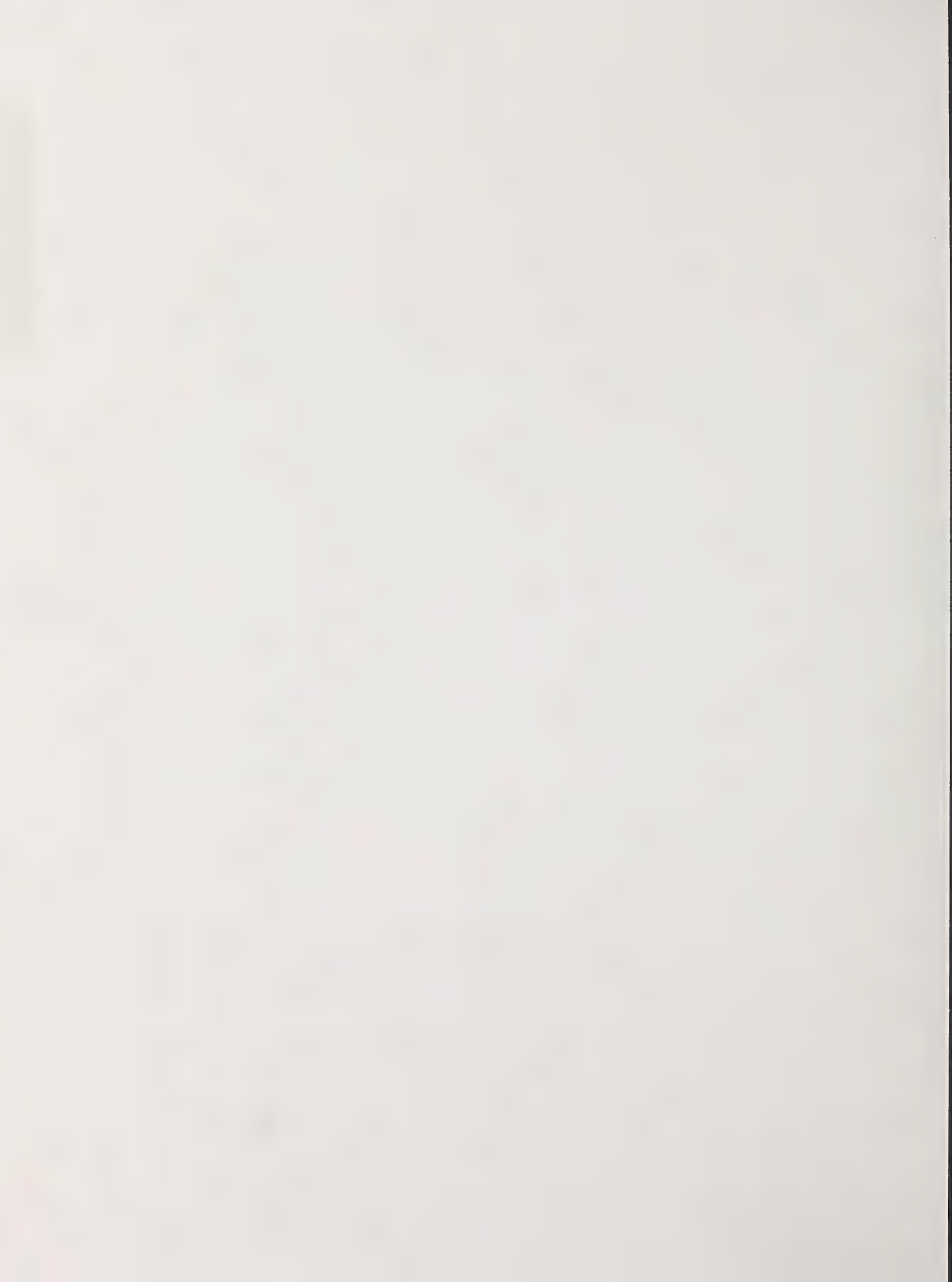
*You may feel isolated and alienated from your family, your friends and most especially yourself – but you are not alone. The biggest service you can do yourself is not to keep things bottled up inside. Start talking and don't stop for a while.*

---

#### **TO THE COUNSELLOR**

*Encourage the client to air as much as the client feels comfortable with (pressure relief is wonderful).*

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# GAMBLING INFORMATION

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## INTRODUCTION

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This section is designed to give a brief overview of problem gambling. For more detailed information, please refer to the following studies listed at the end of this section: A Review of the Research Literature and Other Sources on Problem Gambling and A Description of Problem Gamblers in Alberta by Slavik and Female Problem Gamblers in Alberta by Wynne.

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## DEFINITIONS

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### **Gambling**

AADAC defines gambling as the act of risking money, property or something of value on an activity with an uncertain outcome.

### **Problem Gambling**

Problem gambling is the term used to cover a wide range of harmful consequences related to gambling. It includes compulsive gambling and pathological gambling. Problem gambling ranges on a continuum from minor to extremely serious. The gambling may cause only occasional problems in the gambler's life—such as making it difficult to pay bills or rent in some months. Or it may progress and have ongoing negative impact on the gambler and his or her family—resulting in excessive debt, marriage problems, and/or illegal activity (AADAC, 1994).

### **Action and Chasing**

Two terms are used to describe the central experiences of gambling (Lesieur, 1993). Action describes a lifestyle where risk-taking and thrill-seeking are the most important elements. Chasing is the desire and attempt to get even after heavy losses. In other words, "chasing bad money with good."

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## SIGNS OF PROBLEM GAMBLING

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Signs a person may have a gambling problem include:

1. spends large amounts of time gambling
2. begins to place larger, more frequent bets
3. growing debts
4. pins hopes on “the big win”
5. promises to cut back on gambling
6. refuses to explain behavior, or lies about it
7. feels frequent highs and lows
8. boasts about winning
9. prefers gambling to a special family occasion
10. seeks new places to gamble close to home and away (AADAC, 1994).

## DEVELOPMENT OF PROBLEM GAMBLING

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The development of problem gambling has certain similarities to the development of problem drinking and alcohol dependence. One of these similarities is that behavior can become progressively more extreme and the consequences more severe. Robert Custer (1984) has identified three stages through which problem gamblers tend to progress; change or recovery can begin at any stage. Problem gamblers do not need to go through all three stages before change can occur. Custer's research was with male subjects only; there is insufficient research to know if this progression applies to women. Lesieur and Blume (1991) found almost 50% of women gamblers did not experience a winning phase.

### 1. The winning phase

In this initial stage, the financial rewards or the internal escape received as a result of the gambling behavior provide sufficient motivation for the behavior to continue. The gambler perceives wins as a result of their personal abilities and losses as a result of bad luck or bad advice.

### 2. The losing phase

During this stage, losses begin to accumulate. The gambler will borrow money and bet on credit. Chasing emerges and gambling behavior becomes more out of control. This phase often lasts for years. In spite of the incredible betting, borrowing, juggling, and repaying, the gambler somehow manages to stay afloat.

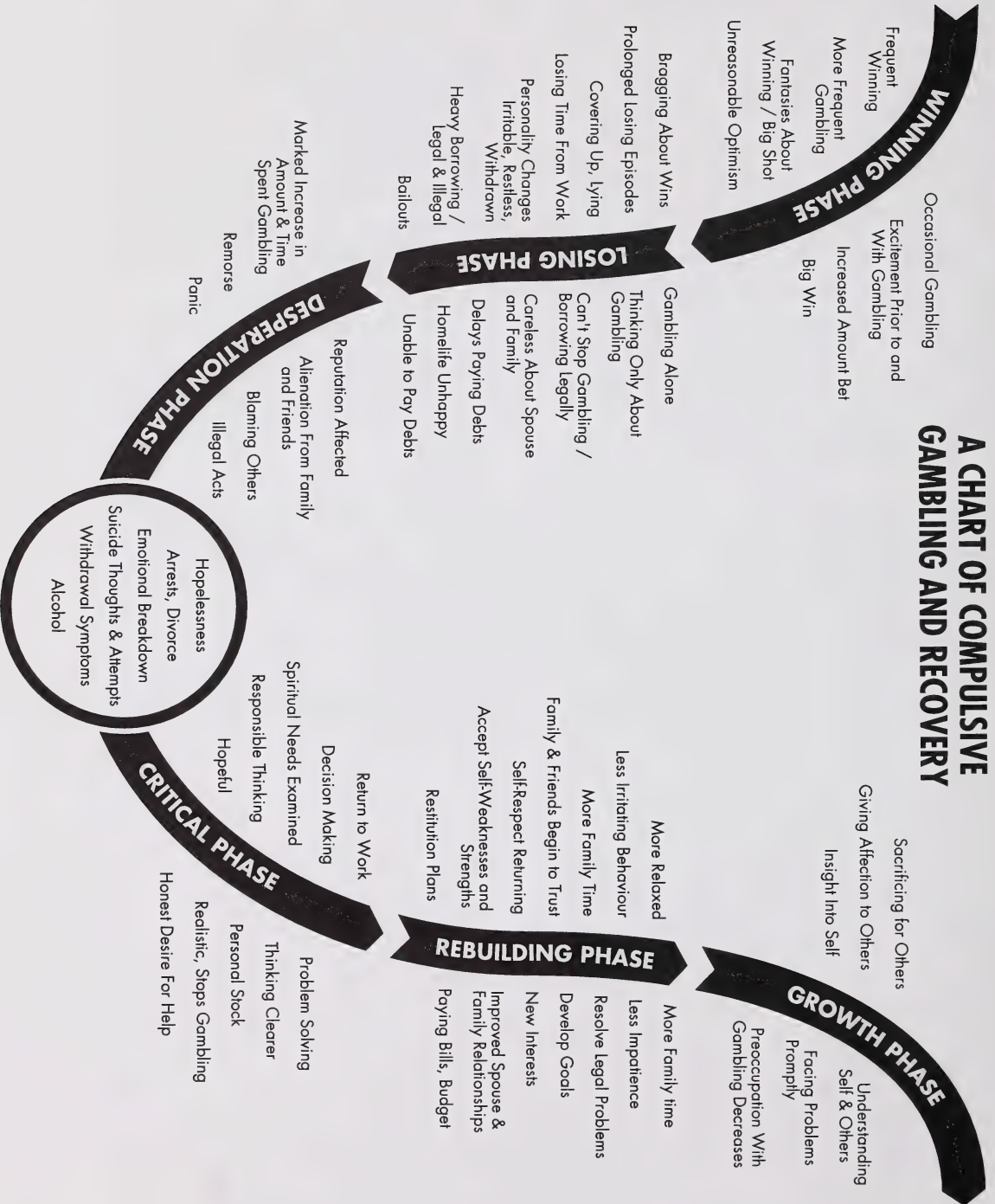
### 3. The desperation phase

At this final stage, the problem gambler is overwhelmed. Extreme emotional and even physical distress is apparent, as well as severe family and financial problems. Criminal behavior may occur and often legal consequences ensue. Ironically, the desperation phase often begins with a bailout, in which a substantial amount of money is given to get the gambler out of debt and/or trouble. The gambler will often bet, and lose, the bailout money which worsens their situation.

Rosenthal (1989) identified a fourth phase - the giving-up phase, in which the gambler abandons any attempt to maintain control or manage life responsibilities. They realize they will never break even and they no longer care.

The chart that follows may be suitable to hand out to clients. It is important when offering this chart to explain that not all gamblers fit into this model. Some never reach the Desperation Phase and many choose to get help before they become so seriously involved.

# A CHART OF COMPULSIVE GAMBLING AND RECOVERY



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## TYPES OF GAMBLERS

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### CUSTER'S TYPES OF GAMBLERS

Custer and Milt (1985) identified six types of gamblers. Two of these types can be considered problem gamblers:

#### 1. Relief or escape gambler

These gamblers have a binge aspect to their gambling. They use gambling as a way of dealing with negative emotions.

#### 2. Compulsive or action gambler

This type of gambler has little tolerance for losing, is mentally preoccupied with gambling, and disregards its negative consequences. There is a progression of gambling behavior, as well as progressively severe negative effects associated with gambling.

Originally, gambling is a "solution" for the problem gambler, i.e. it is a way of socializing, relaxing, getting away from things, or a form of recreation. Over time, it becomes a problem as the behavior becomes more extreme and the consequences more severe. This description is true for both action and relief gamblers. Often gamblers don't fit neatly into one "type" or another. Sometimes a problem gambler will exhibit symptoms of both types; sometimes they will seem to be in a category of their own. Like alcohol dependent clients, each needs to be assessed on their own strengths and weaknesses.

### MCCORMICK'S SUB-TYPES OF GAMBLERS

McCormick (1987) identified the following types of gamblers:

#### Recurring depressed gambler

1. Lifelong depression may precede their gambling
2. History of significant life trauma
3. Self-blaming to an excessive degree
4. Feels better when gambling
5. High stimulus gambling environment leads to escape from unpleasant emotions and realities

6. When the reality of gambling losses are experienced, a need to return to gambling is intensified. An escape into gambling action is used to control the depressive feelings.

#### Chronically understimulated gambler

1. Strong need for almost constant excitement
2. Poorly defined value system
3. Gregarious and quite narcissistic
4. Impulse control poor even when compared to other gamblers
5. Poor control in many areas of their life
6. Hyperactivity, low frustration tolerance, and a constant search for arousal
7. Gambling, because of its high arousal level and variety of options, leaves other activities looking boring in comparison.

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## PSYCHOLOGICAL CHARACTERISTICS OF PROBLEM GAMBLERS

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In his book on pathological gambling, McGurrian (1992) outlines several psychological characteristics that distinguish pathological gamblers from normal gamblers and the non-gaming general population. These include:

#### Mood extremes

Problem gamblers often experience periods of depression or elation separated by months of normal mood and energy level. They may vacillate between periods of extreme confidence in their ability to succeed at winning and other areas of life and periods of extreme self-doubt, anxiety and depression. Depression is particularly common in problem gamblers.

#### Inability to delay gratification

Problem gamblers may view continued effort and waiting for rewards as an inferior means of self-support and financial security. The pursuit of the "action," along with the associated relief and escape, becomes the valued means of self-support.

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## Relationship difficulties

The ability to maintain intimate, emotionally expressive relationships with close family members and friends is often lacking in problem gamblers. In addition to reduced meaningful communication, sexual activity with the spouse is likely minimal. The withdrawal from family is often passive in nature and frequently denied.

## Personality disorders

Some problem gamblers show characteristics of certain personality disorders. Narcissism, for example, may be demonstrated through having grandiose plans and perceptions, being overly sensitive to the opinions of others, having fragile self-esteem, and lacking empathy for the feelings of close family and friends. Antisocial personality disorder is characterized by impulsivity, inability to tolerate anxiety or boredom, difficulty maintaining intimacy, failure to plan ahead and manage responsibilities, and less hesitation to manipulate others. Problem gamblers may exhibit attention deficit and/or hyperactivity symptoms. Often, observation of their behavior in session provides more accurate information than their self-report.

## External sense of control

Problem gamblers tend to view life events with a sense of fatalism. They may see their lives as being externally controlled rather than being a result of their behavior and choices.

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## MENTAL ILLNESS AND PROBLEM GAMBLING

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Mental illness or psychiatric disorders, particularly depression, often accompany problem gambling. For example, the Bland et al. (1993) survey found that problem gamblers were 2.5 times more likely than non-gamblers to have some form of psychiatric disorder. In particular, they found that 20% of pathological gamblers, in comparison with 5% of non-gamblers, at some time in their life suffered from chronic depression. Similarly, about 27% of gamblers and 9% of non-gamblers suffered from some form of anxiety disorder.

Although it is rarely clear whether the mental illness is more related to, or the result of, the problem gambling, it nevertheless must be consid-

ered. Appropriate referrals are important when symptoms of mental illness are noted.

Whenever depression appears to be present, there is a risk of suicide. Gamblers have high rates of suicide attempts. In their review of the literature on gambling, Lesieur and Rosenthal (1991) found 20 to 80% of the research subjects had suicidal tendencies. Gamblers may feel the only way to relieve their families of the burden of debt is to benefit from insurance policies through the gambler's death. This is a very real belief among gamblers who see no other solution (Lesieur, 1993).

A significant issue with gamblers is the concept of dissociation. Gamblers will frequently describe a "dream-like" or "trance-like" state when gambling. Research has found that it is common for gamblers to experience dissociative-like states while gambling (Jacobs 1988, 1993; Kuley and Jacobs, 1988). Check the duration and frequency of dissociative states and monitor throughout treatment.

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## SUBSTANCE ABUSE AND PROBLEM GAMBLING

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An extensive survey conducted in Edmonton (Bland et al., 1993) revealed that problem gamblers were nearly four times more likely than non-gamblers to abuse or be dependent on alcohol or other drugs. It was found that 63% of pathological gamblers, in comparison with 15% of non-gamblers, at some time in their life had suffered from alcohol abuse or dependence. In comparison, about 23% of gamblers and 6% of non-gamblers suffered from some form of drug abuse or dependence.

Other studies have found rates of substance abuse among problem gamblers ranging from 10% to 52% (Lesieur and Rosenthal, 1991).

In a similar vein, it has been estimated that 7% to 28% of clients with substance abuse problems also have gambling problems (Lesieur and Rosenthal, 1991).

**\*Note:** When treating dually addicted clients (substance and gambling) the substance abuse should be addressed first. Many experts recommend that all problem gamblers be abstinent from alcohol and drugs for the first two to three months of treatment.

---

The following are some similarities between problem gambling and problem drinking (although alcohol is used in the following discussion, these comments apply to any psychoactive substance that results in dependence or addiction):

**1. Both exist on a continuum.**

Problem drinking, like problem gambling, can be considered on a continuum. At its most extreme, problem drinking is alcoholism or alcohol dependence syndrome. However, at less severe stages, problem drinking involves drinking excessively and having problems as a result of alcohol use.

**2. Both are complex conditions.**

Physical, social and psychological components are involved in problem drinking and problem gambling. Although drinking alcohol is the most obvious part of problem drinking, simply removing alcohol is not a cure. Similarly, resolving the problems associated with problem gambling involves more than not gambling.

**3. Both involve increased tolerance.**

As problem drinking progresses, more alcohol is required to produce the same effect. Similarly, as problem gambling progresses, the gambler must bet increasingly larger amounts of money.

**4. Both involve mental preoccupation.**

Problem drinkers spend a lot of time thinking about drinking, i.e. when they can get their next drink, whether they have enough alcohol at home, and so forth. Similarly, problem gamblers think a lot about gambling, i.e. the last win/loss, when they can gamble again, how much they will bet, what will happen when the "big win" arrives.

**5. Both involve loss of control.**

The inability to drink according to intent is an important component of alcoholism. Similarly, an important part of problem gambling is not being able to stick to a predetermined limit.

**6. Both can result in withdrawal symptoms.**

In alcohol dependence, not drinking causes the blood alcohol level to drop which results in symptoms such as anxiety, sleeping difficulties, nausea, weakness, confusion and agitation. Although not so extreme, problem gamblers

often become restless and irritable when unable to gamble. Both problem gamblers and problem drinkers may engage in the behavior to avoid and/or relieve withdrawal symptoms.

**7. Both involve problems.**

Problem gamblers and problem drinkers often neglect their social or occupational responsibilities. The result is family conflict, job problems, legal difficulties, etc.

**8. Both have been recognized as illnesses in the community.**

Although debate continues over whether these are truly illnesses or diseases, there is agreement that both are conditions requiring treatment. The medical and psychiatric community recognized alcoholism as a disease in the 1950s and pathological gambling in the 1980s.

Unlike dependence on alcohol or drugs, problem gambling does not involve a physical substance. Rather, problem gamblers become addicted to or dependent on the anticipation or excitement associated with betting. They become addicted to the feeling called action.

Many people believe that gambling dependence or addiction involves winning or acquiring money. It does not. In fact, one famous gambler was quoted as saying:

*"The only thing as good as gambling and winning is gambling and losing."*

---

## WOMEN AND GAMBLING

---

Most of the research on gambling has focused on the male gambler. Some research studies do not even mention the sex of the sample used in their project. Mark and Lesieur (1992) found only five studies (out of all gambling studies) that addressed pathological gambling among females. At present, there is no clear guide as to any specific treatment approaches with female clients. Some of the concepts discussed in gambling theory include recognition of traits such as “narcissism, big-shot mentality, and competitiveness.” As these traits represent primarily a male experience of gambling, they likely won’t be seen in women gambling clients. The male experience of recovery is not necessarily similar to the female experience. Sensitivity to the different issues facing men and women is necessary to be helpful in their treatment.

Women seem to use gambling as a way of dealing with problems more than men do. Many women initially gamble as a means of escaping from overwhelming problems in their home life (Lesieur, 1988). Children leaving home, divorce, boredom, and abusive relationships are reasons women cite for excessive gambling. Past trauma is common among women who attend treatment. Depression seems to be part of the problem gambling woman’s experience. As with other addictions, there is a great deal of shame associated with being a problem gambler for a woman.

As female problem gamblers tend to have limited emotional and economic support, they are less likely to be identified as problem gamblers and encouraged to get help. During treatment and recovery, they also have fewer sources of support to maintain their progress. Child care needs may prevent women from seeking treatment (Mark and Lesieur, 1992).

The exercises and handout sheets in this manual may need to be modified for working with women. For example, in examining Major Life Areas, more attention may be needed in the Social or Emotional area. Custer’s Progression Chart includes a phase that quite often does not occur with women—the Winning Phase.

Women’s counselling needs often differ from those of men. Differences between the sexes in social and psychological development, the problems and stresses of every day life, and abrupt changes in a

woman’s life all require sensitivity toward gender differences.

Non-sexist counselling is essential for women to develop to their full potential. Rawlings and Carter (1977) state the basic assumptions of non-sexist therapy are:

1. The therapist should be aware of his/her own values, especially as they relate to expectations for “males” and “females.”
2. Differences from the norm in sex role behavior are seen as normal and appropriate. Choices should be made on the basis of what will work best, not on what should or should not be.
3. The dominance of biology in determining sex differences is rejected, though it is usually seen as a factor.
4. Behaviorally, reversals in sex role predisposition are not seen as pathological and the desired outcome for all clients is the ability to choose adaptively.
5. Females and males are viewed primarily as individuals. Females, for instance, are seen as capable of the same autonomy and assertiveness as males, and males of the same expressiveness and tenderness as females.
6. The therapist avoids using the power inherent in her or his position to reinforce or punish behavior which appears to be decidedly masculine or feminine.
7. Test instruments which contain sex bias are avoided.
8. Diagnosis does not depend on a client’s “failure” to achieve behavior in accord with her or his culturally prescribed sex role.
9. The therapist and client work cooperatively to achieve the values and choices appropriate for this person in this situation, regardless of her or his gender. Sex role transcendence is the goal.

For counsellors who want to explore this area further, a highly recommended book is *Counseling Women: A Guide for Therapists* by Helen Collier. Further information on women and gambling can be found in the Further Reading section.



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## NATIVE POPULATION

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The following information is obtained from Spirit of Bingoland: A Study of Problem Gambling Among Alberta Native People (Hewitt, 1994).

The tremendous negative effect that alcohol has had on Alberta's Native people and their communities is well known. In less than a hundred years, alcoholism has affected the Native community directly or indirectly in epidemic proportions with prevalence estimates ranging as high as 50%. The problem of alcoholism is being successfully addressed today through the efforts of Native people who are determined to reduce the devastation caused by alcohol in their own communities. Unfortunately, legalized gambling, seen by Natives or people in general as a new economic saviour, may supplement or possibly even replace drinking as the new addiction of choice in Native communities.

Unfortunately, no comprehensive studies of the prevalence of problem and compulsive gambling among Native Canadians has been done to date. A recently released study of gambling among Native Americans in North Dakota found their lifetime prevalence rate of problem and compulsive gambling was 14.5%, compared to a rate of 3.5% in the general population. Thus, the rate among North Dakota Native Americans is almost four times that of the general population. Results from the Alberta survey show that approximately 6% of the sample were non-white, while 19% of those identified as problem and compulsive gamblers were non-white.

The problem of addictive gambling is further complicated by the apparent relationship to alcohol and drug abuse. These studies strongly suggest that gambling addiction is a serious problem in Native communities which needs to be addressed.

### Some findings from the study:

1. 58% of the subjects were women. The average age was 40 years old; 79% were status Indians.
2. Bingo is the gambling activity of choice. It had the highest lifetime (89%) and current (86%) participation rates of any activity, was the most frequently played (46% play one or more times per week) and has the second highest average monthly expenditure (\$272).
3. Video Lottery games also have a high average monthly expenditure of \$182, with a 59% participation rate.
4. 44% reported playing card games with friends or family for money.
5. Two thirds of the study group participated in more than five types of gambling in the past year.
6. Almost one quarter of those classified as current pathological gamblers are also in the highest scoring group with respect to unresolved grief, compared to 5% of the no gambling problem group.
7. The severe pathological gambler is more likely to have attended a residential school and live on a reserve.
8. Almost one half of the study group responded "Yes" to the question, "Have you recently experienced any other losses?" Seventy-five percent responded "Yes" when asked if "anyone close or important to you had died not too long ago."
9. 60% were former substance users, 26% were current substance users, and 13% had never used alcohol or drugs.
10. 10% reported gambling as an activity that helped them to remain abstinent.

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## EFFECTS OF GAMBLING IN THE WORKPLACE

---

It is not uncommon to find gambling in the workplace. Hockey and football pools, raffle tickets, and group lottery tickets are typical in most work environments. The problem gambler may or may not be involved in these activities. One client has stated, "I wouldn't be caught dead participating in the hockey pool, I don't want anyone to see me gamble." This from a man who gambles from \$150 to \$200 dollars daily! Another client organizes most of the gambling done in his office as a way of keeping in "action" while he is at work.

Like other addictions, there are usually warning signs that signal potential problems. Signs in the workplace of a potential gambling problem are:

1. Borrowing money frequently
2. Continually boasting about winnings
3. Complaining about debts more than usual
4. Experiencing drastic mood swings
5. Spending increasing amount of time gambling during lunch hours and after work
6. Making an unusually high number of personal telephone calls
7. Allowing work performance to deteriorate: being distracted, missing deadlines, having frequent or unexplained absences
8. Exhibiting personality changes: being irritable, secretive, dishonest (AADAC, 1994b).

When a gambling client is referred by an employer, it is important to determine how, if at all, job performance has been affected by the gambling. Some clients have simply disclosed to their supervisors or managers that they feel they have a problem and require some help. Some, however, have been involved in manipulating money or goods from their company to finance the gambling. There may be legal charges due to criminal activity to complicate the situation. Proceed with regular screening, assessment and treatment with the employee, while recognizing that the employer is also a client who may need to become more aware of problem gambling.

A disproportionate amount of problem gamblers are in the field of sales, self-employment and other jobs where time is flexible. It is important to realize that qualities often found in problem gamblers (i.e. hard workers, lots of energy, persistence) can be channeled into a productive, healthy lifestyle. Recovering problem gamblers can be very successful when the gambling is behind them. They need to hear optimism for their future.

The most damaged aspect in the employer/employee relationship is the same as in the spousal relationship—TRUST. Gaining back this trust requires honest effort on the part of the client. A weekly update to advise the employer of the progress being made by the problem gambler may be helpful. If restitution needs to be made, the problem gambler can offer a worksheet (listed in the financial section of this manual) to the employer.

It may be very difficult for the employer to be sympathetic to the problem gambler as gambling is not a commonly understood disorder. You may wish to suggest the relevant articles listed in the Further Reading section to increase their awareness.

---

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**TO THE GAMBLER**

*Be honest and open about your problem. No one can help you unless they know what is wrong with you.*

---

**TO THE COUNSELLOR**

*Listen, and listen, and listen, and then listen and keep on listening.*

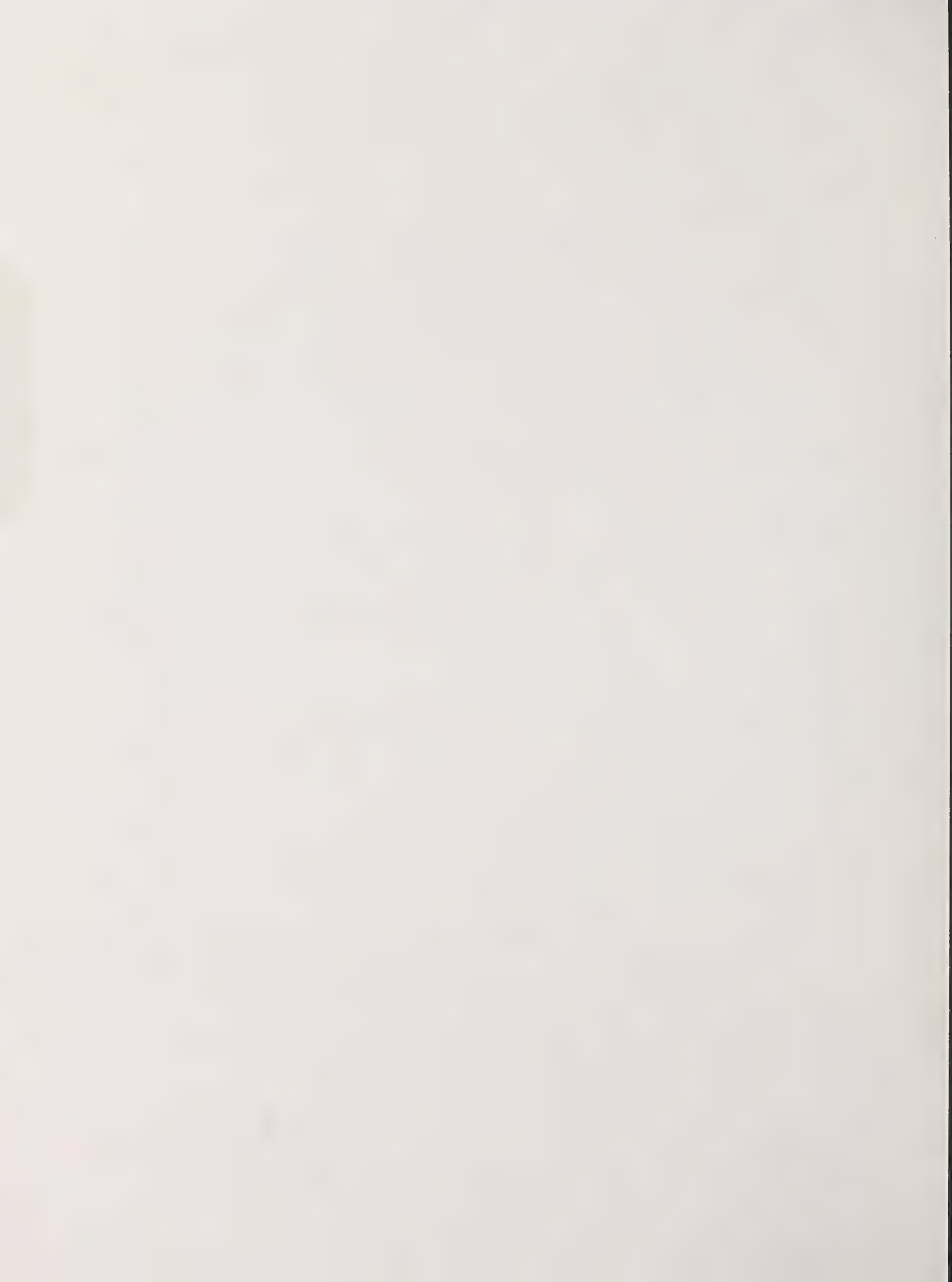
*This person has probably been deceiving a lot of people (including themselves) and they need the relief of telling someone everything. This sense of relief is often the first step to recovery.*

---

**TO THE COUNSELLOR**

*The gambler needs much moral support.*

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# SCREENING / ASSESSMENT

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## INTRODUCTION

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Screening is the first step in accurately identifying clients who require further assessment of their gambling behavior. A screening tool is a collection of questions that reflect the criteria for problem or pathological gambling.

Assessment focuses on the problems related to gambling, as well as other major life areas. Assessment is the first step in the treatment process. It involves determining that a problem exists and accurately detailing the specific nature of the problem. Assessment is a mutually cooperative process and, when done well, can be motivating for the client.

Screening and assessment are integral to the treatment process and are ongoing processes. Counsellors are encouraged to work through the steps of screening and assessment, even though at times it may seem unnecessary. The process of screening and assessment may be completed within one session or it may take two or more sessions. Some counsellors see session #1 as a screening session and #2 as the assessment session.

Some counsellors feel the first session should be relatively unstructured—an opportunity to get to know each other. Then the screening/assessment appointments are scheduled when the client agrees to participate. Other counsellors start the first session with screening and progress more slowly through the assessment process.

As with any first session with a client, engagement is a priority. The client needs to feel welcomed and accepted. The counsellor must be non-judgmental, uncritical, and highly skilled at listening. Understanding everything about gambling problems is not nearly as important as having a willingness to learn and a genuine interest in the person in front of you. A word of caution: don't be tempted to get "caught up" in the client's gambling stories. They can be enormously entertaining and full of lively detail, but your session will be gone before you know it if you sway from your purpose: assessment. Explain clearly that the intent is to have an accurate assessment by the end of the session or by the end of the next session, if necessary. Balance your use of the skills most needed in obtaining assessment information: asking relevant, direct questions and listening actively.

Clients will appreciate an explanation that the assessment session will seem somewhat different than future sessions. Emphasize the importance of assessment as the foundation for further counselling. Just as it is critical that a physician have a complete understanding of your health prior to any treatment recommendation, the counsellor and client must have accurate and extensive knowledge before planning a course of action.



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## WHEN REFERRAL IS NECESSARY

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During screening and assessment, some issues may come up which require referral to more appropriate agencies. Knowing when and where to refer is a critical professional responsibility. Always consider referral when symptoms of the following are displayed by the client:

1. suicide potential
2. physical health problems
3. mental illness
4. legal problems
5. vocational/educational problems
6. marital conflict or interpersonal problems
7. the client's financial situation is complex.

## SCREENING

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### WHAT TO SCREEN FOR

Typically, clients seek help for their gambling when they are in crisis. It is important to identify if a client is in crisis and what is causing it. Financial crisis is the most common reason why problem gamblers seek help. Clients in crisis have an increased risk of suicide.

Research has shown a high number of gambling problems among the alcohol/drug dependent population. All clients who attend a substance abuse clinic should be screened for gambling problems. When a client presents for gambling problems, self-report is enough to continue the screening and assessment process.

Conversely, clients presenting for gambling problems should also be screened for alcohol and/or drug problems. If substance abuse is present, refer the client immediately for substance abuse treatment before doing any work on their gambling.

In addition to the gambling screens, the counsellor should also screen each client for suicide risk, financial crisis, and alcohol and drug abuse. Screening tools for each area are included in the screening tools section.

*\*Note:* Counsellors must use their discretion in deciding the type and number of screening tools used with each client. Using too many screening tools may overwhelm the client with paperwork, while gaining little extra information.

## GAMBLING SCREENS

---

### THE AADAC GAMBLING SCREEN

#### Purpose

The purpose of this questionnaire is to identify, from among the clients who come to AADAC, those who might have a problem with gambling. A positive score on the screen does not necessarily indicate a problem, but does indicate the need for further screening/assessment of gambling behavior, i.e. the South Oaks Gambling Screen (SOGS).

#### Administration

The AADAC Gambling Screen should be given to all clients who are seeking assistance for their own substance use problems. It should be given routinely as an interview on intake. If a client comes seeking assistance for a gambling problem, there is no need to complete this screen. This client should receive the more detailed assessment provided by the South Oaks Gambling Screen (SOGS).

Introduce the questions with a statement such as:

*Lately we have noticed that some of the people coming to AADAC (or your agency) for help also have concerns about gambling. Because of this, we're asking everyone who comes to see us the questions I'm going to ask you.*

#### Interpretation

Any client with a positive response to one or more of questions 1, 2, 3, or 4 should be referred for additional assessment.

Clients who present significant gambling activity, but no positive response to questions 1 - 4, might also be considered for additional assessment.

---

## THE SOUTH OAKS GAMBLING SCREEN

### Purpose

The 16-item South Oaks Gambling Screen (SOGS) was developed in the late 1980s. It is based on the criteria for pathological gambling from the DSM-III-R (which have since been revised in the DSM-IV). As such, it provides a scientifically validated means of identifying problem gamblers.

### Administration

The SOGS can be administered as an interview or as a questionnaire.

### Interpretation

The SOGS two column feature helps to determine current gambling (the previous twelve months) and lifetime gambling (prior to the past twelve months). These scores are useful, not only for identifying that problem gambling exists, but also for providing indications of such characteristics as:

- onset and time of development
- severity at various phases
- rate of progress
- trends.

## GAMBLERS ANONYMOUS SCREEN

### Purpose

Gamblers Anonymous has twenty questions which it asks new members. The screening tool has not been tested empirically, but can be useful as a motivational tool.

### Administration

This screen is self-administered. Clients may complete this questionnaire at the same time they complete the information form.

### Interpretation

The cut-off point for identifying problem gambling is seven out of twenty. This score is an arbitrary point for differentiating between problem and non-problem gambling. As a result, there may be a risk of false positive or negative results. In a random sample of forty clients who have completed this screen in an AADAC clinic, thirty-seven have scored fourteen or more. Therefore, clients presenting for

gambling problems appear to score higher on this instrument.

*\*Note:* Be aware of gender issues when using this tool, i.e. with question #1, some women do not work outside the home, resulting in a possibly invalid answer. Also, question #3, the “reputation” question, may hold different meanings for men and women.

## DIAGNOSTIC & STATISTICAL MANUAL SCREEN

### Purpose

DSM-IV criteria are published for use by the psychiatric and medical community. Therefore, the criteria reflect a disease model of pathological gambling. These criteria are research-based and provide a valid screen for problem gambling. They are not as likely as other screening measures to result in false positive or negative results.

The DSM-IV criteria should be considered when the client’s situation involves legal or medical concerns, i.e. when the validity and reliability of an instrument may be called into question. When appearing as a witness in court, the counsellor should refer to the DSM-IV.

### Administration

When used as a screening instrument, the DSM-IV criteria are intended to be used in an interview setting. They are not intended for self-administration or self-diagnosis. For example, a diagnosis of pathological gambling involves ruling out the possibility of manic episode—a determination which requires medical expertise.

### Interpretation

A diagnosis of pathological gambling can be made based on the presence of five of the ten criteria. Some of the DSM-IV questions have already been answered by the Gamblers Anonymous Twenty Questions. For example, #7 on the G.A. Twenty Questions results in “yes” to #6 on the DSM-IV.

---

## THE AADAC GAMBLING SCREEN

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1. In the past 12 months have you:
  - played bingo
  - bet on sporting events
  - purchased lottery tickets
  - played games of skill for money (e.g. cards)
  - played slot machines, video lottery machines (poker machines)
  - gambled in a casino
  - gambled at the track (include off-track betting as well)
  - participated in any other form of gambling?
  
2. In the past twelve months have you spent more money than you intended on any of these activities?
  - Yes
  - No
  
3. In the past twelve months has your involvement in the above activities created financial-difficulties for you or your family?
  - Yes
  - No
  
4. In the past 12 months has anyone expressed concern about your involvement in these activities?
  - Yes
  - No
  
5. In the past 12 months have you been concerned about your involvement in these activities?
  - Yes
  - No



# South Oaks Gambling Screen (SOGS)

Client Name \_\_\_\_\_

Date \_\_\_\_\_

File Number \_\_\_\_\_

These questions are about your gambling. Most of the questions require a response for two different time periods: *during the past 12 months* and *in your lifetime prior to the past 12 months*.

Note: "Lifetime" refers to the time period prior to the past 12 months and does not include the past 12 months.

## Instructions

1. Carefully read each question and the possible answers provided. Answer each question by placing a check-mark (✓) next to the answer that is most true for you, for each of the two time periods.
2. Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.

If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

---

## *For office use only*

Completed by client \_\_\_\_\_  
interviewer \_\_\_\_\_

Results \_\_\_\_\_ Results \_\_\_\_\_  
Past 12 months Lifetime prior to  
past 12 months

# South Oaks Gambling Screen (SOGS)

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Please indicate which of the following types of gambling you have done, for both time periods. For each type, mark one answer: "not at all," "less than once a week," or "once a week or more."

	Past 12 months			Lifetime prior to past 12 months		
	not at all	less than once a week	once a week or more	not at all	less than once a week	once a week or more
a. play cards for money .....	___	___	___	___	___	___
b. bet on horses, dogs or other animals (at off-track betting, the track, telephone pari-mutuels, or with a bookie) .....	___	___	___	___	___	___
c. bet on sports (parlay cards, Sport Select, hockey drafts, or with a bookie) .....	___	___	___	___	___	___
d. played dice games (including craps, over and under, or other dice games) for money.....	___	___	___	___	___	___
e. gambled in a casino (legal or otherwise) .....	___	___	___	___	___	___
f. played the numbers or bet on lotteries (Pick 3, Lotto 6/49) .....	___	___	___	___	___	___
g. played bingo for money .....	___	___	___	___	___	___
h. played the stock, options and/or commodities market.....	___	___	___	___	___	___
i. played slot machines, poker machines or other gambling machines .....	___	___	___	___	___	___
j. bowled, shot pool, played golf or some other game of skill, for money.....	___	___	___	___	___	___
k. pull tabs or "paper" games other than lotteries (Nevada tickets) .....	___	___	___	___	___	___
m. some form of gambling not listed above (please specify) .....	___	___	___	___	___	___

# South Oaks Gambling Screen (SOGS)

Past 12 months

Lifetime prior to  
past 12 months

- |                                                                                                     | <u>Past 12 months</u> | <u>Lifetime prior to<br/>past 12 months</u> |
|-----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|
| <b>2. What is the largest amount of money you have ever gambled with on any one day?</b>            |                       |                                             |
| never have gambled.....                                                                             | —                     | —                                           |
| \$1 or less.....                                                                                    | —                     | —                                           |
| more than \$1 up to \$10.....                                                                       | —                     | —                                           |
| more than \$10 up to \$100.....                                                                     | —                     | —                                           |
| more than \$100 up to \$1,000.....                                                                  | —                     | —                                           |
| more than \$1,000 up to \$10,000.....                                                               | —                     | —                                           |
| more than \$10,000.....                                                                             | —                     | —                                           |
| <b>3. Check which of the following people in your life has (or had) a gambling problem.</b>         |                       |                                             |
| <input type="checkbox"/> father                                                                     |                       |                                             |
| <input type="checkbox"/> mother                                                                     |                       |                                             |
| <input type="checkbox"/> brother or sister                                                          |                       |                                             |
| <input type="checkbox"/> grandparent                                                                |                       |                                             |
| <input type="checkbox"/> my spouse/partner                                                          |                       |                                             |
| <input type="checkbox"/> my child(ren)                                                              |                       |                                             |
| <input type="checkbox"/> another relative                                                           |                       |                                             |
| <input type="checkbox"/> a friend or someone else important in my life                              |                       |                                             |
| <b>4. When you gamble, how often do you go back another day to win back money you lost?</b>         |                       |                                             |
| never .....                                                                                         | —                     | —                                           |
| some of the time                                                                                    |                       |                                             |
| (less than half the time I lose).....                                                               | —                     | —                                           |
| most of the time I lose.....                                                                        | —                     | —                                           |
| every time I lose .....                                                                             | —                     | —                                           |
| <b>5. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?</b> |                       |                                             |
| never (or never gamble) .....                                                                       | —                     | —                                           |
| yes, less than half the time I lose .....                                                           | —                     | —                                           |
| yes, most of the time.....                                                                          | —                     | —                                           |

# South Oaks Gambling Screen (SOGS)

	Past 12 months		Lifetime prior to past 12 months	
	yes	no	yes	no
6. Do you feel you have ever had a problem with betting money or gambling? .....	—	—	—	—
7. Did you ever gamble more than you intend to? .....	—	—	—	—
8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? .....	—	—	—	—
9. Have you ever felt guilty about the way you gamble or what happens when you gamble? .....	—	—	—	—
10. Have you ever felt like you would like to stop betting money or gambling but didn't think you could? .....	—	—	—	—
11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your spouse, children or other important people in your life? .....	—	—	—	—
12. Have you ever argued with people you live with over how you handle money? .....	—	—	—	—
13. (If you answered yes to question 12): Have money arguments ever centered on your gambling? .....	—	—	—	—
14. Have you ever borrowed from someone and not paid them back as a result of your gambling? .....	—	—	—	—
15. Have you ever lost time from work (or school) due to betting money or gambling? .....	—	—	—	—



# South Oaks Gambling Screen (SOGS)

	Past 12 months		Lifetime prior to past 12 months	
	yes	no	yes	no
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (Check "yes" or "no" for each.)				
a. from household money .....	—	—	—	—
b. from your spouse .....	—	—	—	—
c. from other relatives or in-laws .....	—	—	—	—
d. from banks, loan companies, or credit unions.....	—	—	—	—
e. from credit cards .....	—	—	—	—
f. from loan sharks .....	—	—	—	—
g. you cashed in stocks, bonds or other securities.....	—	—	—	—
h. you sold personal or family property.....	—	—	—	—
i. you borrowed on your chequing account (passed bad cheques) .....	—	—	—	—
j. you have (had) a credit line with a bookie.....	—	—	—	—
k. you have (had) a credit line with a casino ...	—	—	—	—

# AADAC Guide to the South Oaks Gambling Screen (SOGS)

## Description

The South Oaks Gambling Screen (SOGS) is a valid and reliable 16-item interview/questionnaire used to detect gambling problems. The instrument has been useful in a wide variety of clinical and research situations with treatment and general populations.

## Note:

The South Oaks Gambling Screen is a screening instrument and must be used in context with other sources of information, such as family members, referring parties, employers, etc.

Treatment planning and other clinical decisions should not be based solely on the results of this instrument. Positive scores suggest a problem, and further assessment is necessary before treatment proceeds. "No-problem" scores should be consistent with other sources of information before "no-treatment" decisions are made.

## Administration

- The 16-item SOGS may be administered as either a questionnaire or an interview.
- If being used as a questionnaire, the client should be instructed to carefully read each question and the answers provided.
- All but one of the questions require a response for two time periods: the past 12 months, and in your lifetime prior to the past 12 months. Ask the client to check the appropriate box for each time period. *Note: "Lifetime" refers to the time period prior to the past 12 months and does not include the past 12 months.*
- Ask the client to ensure that each question (except #3) is answered for both time periods.
- Emphasize that each question must have only one response for each time period. Even if more than one response might be correct, or if no single response is just right, they must choose the **best** answer.

## Scoring

*(see next page)*

# AADAC Guide to the South Oaks Gambling Screen (SOGS)

## Scoring

Scoring is determined by adding up the number of questions which show an at risk response:

	<u>Past 12 months</u>	<u>Lifetime prior to past 12 months</u>
Questions 1, 2 & 3 are not counted.		
Question 4		
	_____	_____
Question 5		
	_____	_____
Question 6		
	_____	_____
Question 7		
	_____	_____
Question 8		
	_____	_____
Question 9		
	_____	_____
Question 10		
	_____	_____
Question 11		
	_____	_____
Question 12		
	_____	_____
Question 13		
	_____	_____
Question 14		
	_____	_____
Question 15		
	_____	_____
Question 16 a		
	_____	_____
Question 16 b		
	_____	_____
Question 16 c		
	_____	_____
Question 16 d		
	_____	_____
Question 16 e		
	_____	_____
Question 16 f		
	_____	_____
Question 16 g		
	_____	_____
Question 16 h		
	_____	_____
Question 16 i		
	_____	_____
Question 16 j		
	_____	_____
Question 16 k		
	_____	_____
There are 20 questions which are counted .....	_____	_____
	<b>Total</b>	<b>Total</b>

**Interpretation is for each time period. Do not add the two totals together.**

0 = no problem

1 - 4 = some problem

5 or more = probable pathological gambler



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## **GAMBLERS ANONYMOUS TWENTY QUESTIONS**

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1. Have you ever lost time from work due to gambling?
2. Has gambling ever made your home life unhappy?
3. Has gambling affected your reputation?
4. Have you ever felt remorse after gambling?
5. Do you ever gamble to get money to pay debts or otherwise solve financial difficulties?
6. Does gambling cause a decrease in your ambition or efficiency?
7. After losing, do you ever feel you must return as soon as possible and win back your losses?
8. After a win do you have a strong urge to return and win more?
9. Do you often gamble until your last dollar is gone?
10. Do you ever borrow to finance your gambling?
11. Have you ever sold anything to finance your gambling?
12. Are you reluctant to use "gambling money" for normal expenses?
13. Does gambling make you careless of the welfare of yourself and your family?
14. Do you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Does gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments, or frustrations create within you an urge to gamble?
19. Do you ever have an urge to celebrate good fortune by a few hours of gambling?
20. Have you ever considered self-destruction as a result of your gambling?

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## DSM-IV – PATHOLOGICAL GAMBLING

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Persistent and recurrent maladaptive gambling behavior as indicated by the presence of five or more of the following diagnostic criteria:

- Preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Has repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is restless or irritable when attempting to cut down or stop gambling.
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression).
- After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Source: American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, D.C.





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# SUICIDE SCREENING TOOL

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## PURPOSE

The Suicide Risk Screen is designed to assess the risk of suicide. It explores various areas that have been found to indicate suicide risk.

## ADMINISTRATION

The screen is to be given in an interview format, with the interviewer asking questions according to the cues on the form.

## INTERPRETATION

Act immediately if you feel someone is at imminent risk for suicide by involving others who can help. If necessary, make contact with the police, emergency services or a hospital to ensure the person's safety. The following information can help in screening for suicide risk:

### High Risk Factors

A number of factors have been associated with suicide deaths in the past. We can use these as indicators to guide our judgements about whether someone might be at risk for suicide. When several of these factors are present together, the danger of a suicidal crisis is high. Some high risk factors associated with suicide are:

1. **Previous History of Attempts:** Persons who have made one or more attempts in the past.
2. **Family History of Suicide or Modelling by Significant Others:** Persons who have had a family member die by suicide, or who have had someone close to them either attempt or commit suicide.
3. **Recent or Multiple Losses Over Time:** Persons who have suffered a recent loss such as a death, break-up of a relationship, loss of job, or recent loss of physical health.
4. **Level of Support:** Persons who are isolated, and have limited or no access to supportive resources (e.g. family, friends, caregivers).
5. **Depression or Mental Illness:** Persons who are currently experiencing symptoms of depression and/or have a diagnosis of a mental illness.

6. **Current Level of Stress:** Persons who are currently experiencing a great deal of stress which they feel powerless to control.
7. **Age:** Young males aged 15-24, males aged 50-60, men over 70, and females aged 45-54. Age and gender are less important factors in the overall risk assessment.
8. **Gender:** Men kill themselves three times as often as women do, often choosing more lethal methods such as firearms, hanging and jumping. Women attempt three times as often as men; this factor does not mean that women are necessarily less at risk.

### Warning signs

In addition to attending to the personal factors already listed, there are a number of behavioral signs that might indicate that someone is considering suicide. The following are signs and symptoms that a suicidal person might display:

#### Behavior Clues

1. Noticeable and sudden change in behavior (e.g. withdrawal or increased risk taking)
2. Signs of depression, including eating and sleeping disturbances, low energy level, crying, isolation
3. Increased use of alcohol/drugs
4. Making final arrangements (e.g. making a will)
5. Giving away possessions.

#### Verbal Clues

1. Expressions of helplessness and hopelessness
2. Talking or joking about suicide
3. Talking about a specific suicide plan, including the method, date, and location
4. Talking about having access to the means for killing oneself.

### What you can do to help:

1. Ask if the person is thinking about suicide.
2. Listen openly and without judging.
3. Believe what a person says and take all threats seriously.
4. Never keep someone's suicidal feelings a secret.

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5. Reassure the person that help is available, and support and encourage him/her to reach out to sources of help in the community.
  6. Share responsibility by getting others involved.
  7. Act immediately if you feel someone is at imminent risk for suicide by involving others who can help. If necessary, make contact with the police, emergency services or a hospital to ensure the person's safety.

#### **WHAT COMMUNITY RESOURCES CAN HELP?**

1. Crisis/Distress Line
2. Mental Health Clinics
3. Family Physician
4. Local Hospital
5. Clergy
6. Community Leader or Elder
7. School or Work Counsellor.

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# SUICIDE RISK SCREEN

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**CURRENT PLAN**    Degree of Planning \_\_\_\_\_  
When? \_\_\_\_\_  
Where? \_\_\_\_\_  
How? \_\_\_\_\_ Lethality? \_\_\_\_\_  
Availability of means? \_\_\_\_\_

**PERCEIVED**

**RESOURCES**    Friends/Relatives? \_\_\_\_\_  
Professionals? \_\_\_\_\_  
Inner resources/Spiritual beliefs? \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS HISTORY**

Prior Attempts? \_\_\_\_\_  
Prior ideation/Threats? \_\_\_\_\_  
\_\_\_\_\_  
Attempts/suicides by friends/relatives (note relevant anniversaries, etc.) \_\_\_\_\_  
\_\_\_\_\_

**PENDING**

**STRESSORS**    Pending situational stressors/frustrations/losses, significant events/anniversaries, etc.  
\_\_\_\_\_  
\_\_\_\_\_

NOTE ANY POSSIBLE SUICIDE CLUES/SYMPTOMS WHICH MAY INDICATE SUICIDAL THINKING/ PLANS:

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## SCREENING FOR SUBSTANCE ABUSE

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Clients in treatment for problem gambling should be screened for substance abuse. Alcohol abuse (like problem gambling) exists on a continuum, ranging from problem drinking to alcohol dependence. Explore the following indicators for substance abuse (AADAC, 1993):

### EXCESSIVE ALCOHOL CONSUMPTION

Examination of drinking patterns indicate that high levels of alcohol are being consumed. Common drinking patterns include binge drinking, daily drinking, heavy weekend drinking.

### EFFECTS ON LIFE AREAS

Consequences of drinking too much are evident in various life areas, e.g. missing work, alienating family/friends, physical health problems, impaired driving.

### PHYSICAL DEPENDENCE

During the periods of not drinking, the individual feels anxious, nauseated, weak and may have difficulty sleeping. More serious withdrawal symptoms include tremors, confusion, agitation, hallucinations and seizures.

### INCREASED TOLERANCE

Over time, more alcohol is required to produce an effect. The individual is able to function at increasingly higher levels of blood alcohol concentration.

### PSYCHOLOGICAL CRAVING

Craving is the overwhelming need for a drink and may range from simply wanting a drink to feel good to wanting a drink to relieve the physical and emotional effects of withdrawal.

### LOSS OF CONTROL

Not being able to drink according to intent or to control drinking is an important component of alcohol dependence. The drinker becomes increasingly less able to restrict drinking to socially acceptable situations and standards.

### OTHER WARNING SIGNS:

1. Needing a drink to cope with day-to-day events. That could mean drinking to calm nerves, forget worries or overcome depression.
2. Drinking during a crisis.
3. Drinking alone.
4. Keeping drinking a secret. Feeling uncomfortable when asked about drinking habits. Lying about the amount of alcohol consumed.
5. Becoming intoxicated regularly.
6. Loss of appetite. Drinking instead of eating.
7. Gulping drinks or drinking too fast.
8. Sustaining injuries or injuring someone else while intoxicated.
9. Experiencing medical, social or financial problems as a result of drinking.
10. Feeling irritable, uncomfortable or unwell during periods of not drinking.

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## SUBSTANCE ABUSE SCREENING TOOLS

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### ALCOHOL DEPENDENCE SCALE (ADS)

#### Purpose

The ADS (Skinner and Horn, 1984) is a 25-item questionnaire that measures the extent to which the use of alcohol has progressed from psychological involvement to impaired control. It provides a quick index of alcohol abuse problems. The ADS is based on the concept of alcohol dependence syndrome.

#### Administration

The ADS may be given in either a self-administered or an interview format. It takes about ten minutes to complete.

#### Interpretation

Scoring for the ADS is as follows.

If the client circled:

- a score 0
- b score 1
- c score 2
- d score 3

A high ADS score corresponds to a greater number of reported dependence syndromes. The following guidelines may be used to interpret the ADS score:

<b>ADS Score</b>	<b>Suggested Interpretation</b>
0	No evidence of alcohol dependence reported.
1 - 13	Low Level of alcohol dependence. Such dependence is probably psychological rather than physical.
14 - 21	Moderate Level of alcohol dependence. Psychosocial problems related to drinking are likely.
22 - 30	Substantial Level of alcohol dependence. Physical disorders and psychosocial problems related to alcohol abuse are probable.
31 - 47	Severe Level of alcohol dependence. Physical dependence and serious physical disorders are highly likely.

A low ADS score does not necessarily mean that the client is free of alcohol dependence symptoms. Because the preferred responses are obvious, clients may falsify their responses or minimize the severity of their problems.

**Alberta  
Alcohol  
& Drug  
Abuse  
Commission**

**Alcohol  
& Drug Use  
Questionnaire**

CONFIDENTIAL

**AADAC**



**ALCOHOL  
& DRUG USE  
QUESTIONNAIRE**



# Alcohol Use Questionnaire (ADS)

---

Client Name \_\_\_\_\_ Date \_\_\_\_\_

File Number \_\_\_\_\_

The questions in this section are about your use of  
alcohol during *the past 12 months*.

---

## INSTRUCTIONS

- 1 Carefully read each question and the possible answers provided. Answer each question by circling the ONE choice that is most true for you.
- 2 The word "drinking" in a question refers to "drinking of alcoholic beverages".
- 3 Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.

If you have difficulty with a question or have any problems,  
please ask the questionnaire administrator.

Results \_\_\_\_\_

ALCOHOL  
USE  
QUESTIONNAIRE

**1** How much did you drink the last time you drank?

- a) Enough to get high or less
- b) Enough to get drunk
- c) Enough to pass out

**2** Do you often have hangovers on Sunday or Monday mornings?

- a) No
- b) Yes

**3** Have you had the "shakes" when sobering up (hands tremble, shake inside)?

- a) No
- b) Sometimes
- c) Almost every time I drink

**4** Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?

- a) No
- b) Sometimes
- c) Almost every time I drink

**5** Have you had the "DTs" (delirium tremens) that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited?

- a) No
- b) Once
- c) Several times

**6** When you drink, do you stumble about, stagger and weave?

- a) No
- b) Sometimes
- c) Often

**7** As a result of drinking, have you felt overly hot and sweaty (feverish)?

- a) No
- b) Once
- c) Several times

**8** As a result of drinking, have you seen things that were not really there?

- a) No
- b) Once
- c) Several times

**9** Do you panic because you fear you may not have a drink when you need it?

- a) No
- b) Yes

**10** Have you had blackouts ("loss of memory" without passing out) as a result of drinking?

- a) No, never
- b) Sometimes
- c) Often
- d) Almost every time I drink

**11** Do you carry a bottle with you or keep one close at hand?

- a) No
- b) Some of the time
- c) Most of the time

**12** After a period of abstinence (not drinking), do you end up drinking heavily again?

- a) No
- b) Sometimes
- c) Almost every time

**13** In the past 12 months, have you passed out as a result of drinking?

- a) No
- b) Once
- c) More than once

**14** Have you had a convulsion (fit) following a period of drinking?

- a) No
- b) Once
- c) Several times

**15** Do you drink throughout the day?

- a) No
- b) Yes

**16** After drinking heavily, has your thinking been fuzzy or unclear?

- a) No
- b) Yes, but only for a few hours
- c) Yes, for one or two days
- d) Yes, for many days

**17** As a result of drinking, have you felt your heart beating rapidly?

- a) No
- b) Once
- c) Several times

**18** Do you almost constantly think about drinking and alcohol?

- a) No
- b) Yes

**19** As a result of drinking, have you heard "things" that were not really there?

- a) No
- b) Once
- c) Several times

**20** Have you had weird and frightening sensations when drinking?

- a) No
- b) Once or twice
- c) Often

**21** As a result of drinking, have you "felt things" crawling on you that were not really there (e.g. bugs, spiders)?

- a) No
- b) Once
- c) Several times

**22** With respect to blackouts (loss of memory):

- a) Have never had a blackout
- b) Have had blackouts that last less than an hour
- c) Have had blackouts that last for several hours
- d) Have had blackouts that last for a day or more

**23** Have you tried to cut down on your drinking and failed?

- a) No
- b) Once
- c) Several times

**24** Do you gulp drinks (drink quickly)?

- a) No
- b) Yes

**25** After taking one or two drinks, can you usually stop?

- a) Yes
- b) No



---

## DRUG ABUSE SCREENING TEST (DAST)

### Purpose

The 20-item DAST (Skinner, 1982) provides a quick index of drug abuse problems. It identifies the presence and severity of a drug problem. The DAST may be used for clinical screening and treatment evaluation.

### Administration

The DAST may be given in either a self-administered or an interview format. It takes about five minutes to complete.

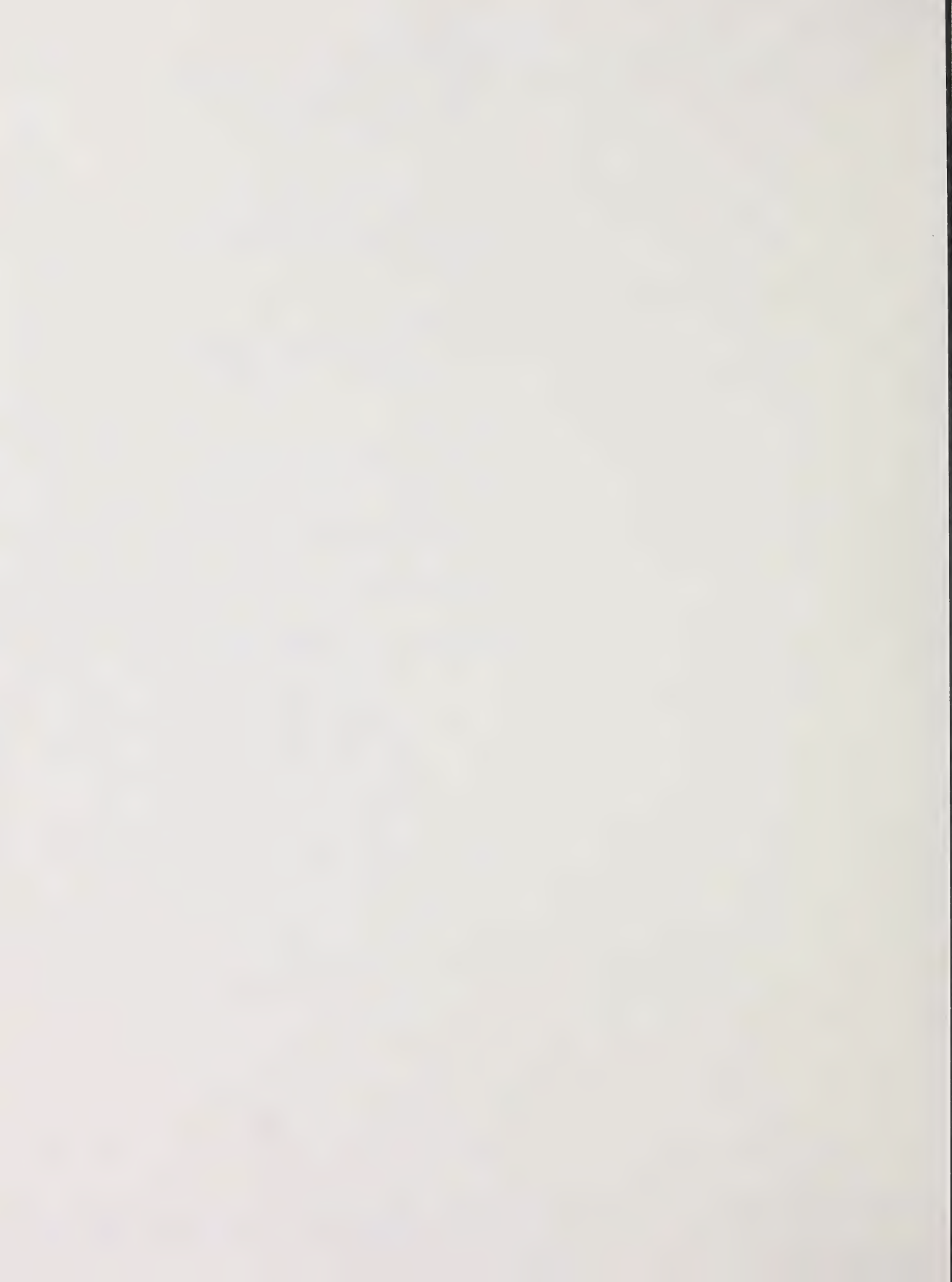
### Interpretation

The DAST score is calculated as follows:

- Items 4 and 5 are keyed to a “No” response, which receives a score of 1.
- The other 18 questions are keyed for a “Yes” response, each receiving a score of 1.

The following guidelines may be used to interpret the DAST score:

DAST SCORE	PROBLEM SEVERITY
0	No problems reported.
1 - 5	Low Level of problems related to drug abuse reported.
6 - 10	Moderate Level of problems related to drug abuse reported.
11 - 15	Substantial Level of problems related to drug abuse reported.
16 - 20	Severe Level of problems related to drug abuse reported.



# Drug Use Questionnaire (DAST)

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The questions in this section are about your use of drugs during *the past 12 months*.

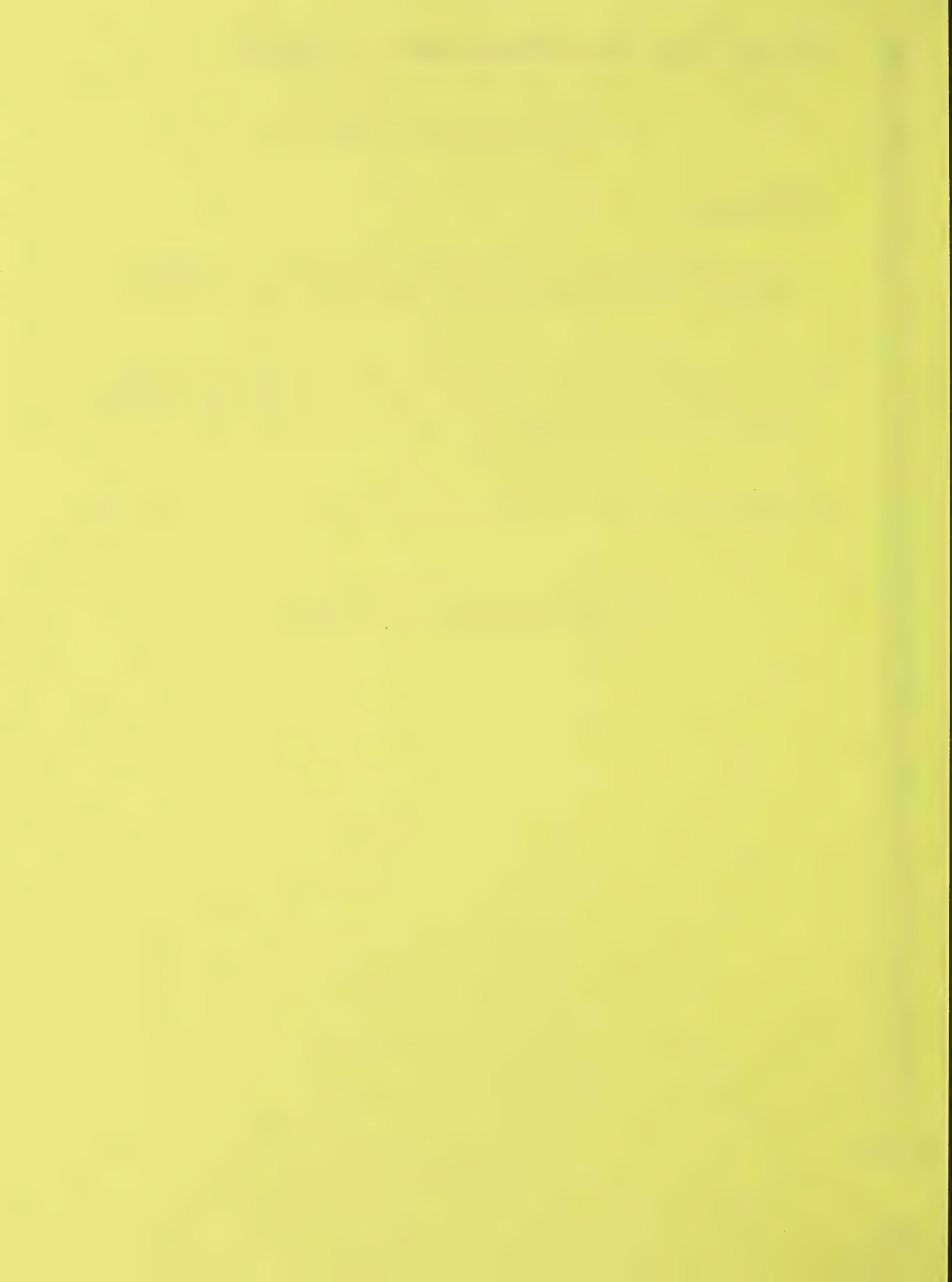
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## INSTRUCTIONS

- 1** The following questions concern information about your possible involvement with drugs **not including alcoholic beverages** *during the past 12 months*. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question.
- 2** In the statements "drug abuse" refers to **(1)** the use of prescribed or over the counter drugs in excess of the directions and **(2)** any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants, (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.
- 3** **Please answer every question.** If you have difficulty with a statement, then choose the response that is mostly right.

If you have difficulty with a question or have any problems,  
please ask the questionnaire administrator.

Results \_\_\_\_\_





**These questions refer to the past 12 months.**

**Circle Your Response**

- |           |                                                                                                                             |     |    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Have you used drugs other than those required for medical reasons?.....                                                     | Yes | No |
| <b>2</b>  | Have you abused prescription drugs? .....                                                                                   | Yes | No |
| <b>3</b>  | Do you abuse more than one drug at a time? .....                                                                            | Yes | No |
| <b>4</b>  | Can you get through the week without using drugs? .....                                                                     | Yes | No |
| <b>5</b>  | Are you always able to stop using drugs when you want to? .....                                                             | Yes | No |
| <b>6</b>  | Have you had "blackouts" or "flashbacks" as a result of drug use?.....                                                      | Yes | No |
| <b>7</b>  | Do you ever feel bad or guilty about your drug use? .....                                                                   | Yes | No |
| <b>8</b>  | Does your spouse (or parents) ever complain about your involvement with drugs? .....                                        | Yes | No |
| <b>9</b>  | Has drug abuse created problems between you and your spouse or your parents?.....                                           | Yes | No |
| <b>10</b> | Have you lost friends because of your use of drugs?.....                                                                    | Yes | No |
| <b>11</b> | Have you neglected your family because of your use of drugs?.....                                                           | Yes | No |
| <b>12</b> | Have you been in trouble at work because of drug abuse? .....                                                               | Yes | No |
| <b>13</b> | Have you lost a job because of drug abuse? .....                                                                            | Yes | No |
| <b>14</b> | Have you gotten into fights when under the influence of drugs?.....                                                         | Yes | No |
| <b>15</b> | Have you engaged in illegal activities in order to obtain drugs?.....                                                       | Yes | No |
| <b>16</b> | Have you been arrested for possession of illegal drugs? .....                                                               | Yes | No |
| <b>17</b> | Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?.....                               | Yes | No |
| <b>18</b> | Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?..... | Yes | No |
| <b>19</b> | Have you gone to anyone for help for a drug problem? .....                                                                  | Yes | No |
| <b>20</b> | Have you been involved in a treatment program specifically related to drug use? .....                                       | Yes | No |



---

## CAGE SCREENING TOOL

### Purpose

A quick screen for potential drinking problems is the 4-item CAGE (Ewing, 1984).

### Administration

The CAGE is best administered in an interview format. Ask the client the following four questions:

- Cut Down** Has anyone ever suggested that you should cut down on your drinking?
- Annoyed** Do you ever become annoyed by other people's comments about your drinking?
- Guilty** Have you ever felt guilty about your drinking?
- Eye Opener** Do you ever need to drink in the morning to get yourself going?  
(When asking this, be aware many people with drinking problems do not drink in the morning.)

### Interpretation

Two or more affirmative answers indicate a strong likelihood that alcohol dependence is present and that further assessment is necessary.

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## SCREENING FOR FINANCIAL CRISIS

---

Extreme financial distress is a common feature of problem gambling. In fact, financial crisis is the most common reason why problem gamblers seek help. Although it is unrealistic to expect addictions counsellors to resolve the financial difficulty a gambler has, the counsellor can be very helpful in offering support in this area. Refer to the Financial Information section for further information in this area.

### FINANCIAL SCREENING TOOL: CAPE

#### Purpose

A quick screen for the presence and severity of financial pressures is the 4-item CAPE. This tool was developed by AADAC.

#### Administration

The CAPE is administered in an interview format. Ask the client the following four questions, with further questions to gain a complete understanding of their current financial status:

1. Are you concerned about your financial situation?
2. Are you more than two months in arrears in any of your payments?
3. Are any creditors pressuring you for payment?
4. Are there more bills than money at the end of the month?

---

## Interpretation

If the client self-identifies a financial crisis, or the counsellor can identify one, refer the client to the appropriate resources to deal with the crisis. This should be done before proceeding with further assessment or treatment. The following can serve as a guide to further exploring each question area:

1. **Is there an immediate financial crisis?** Is the bank threatening foreclosure on the house? Are creditors threatening legal action? There may be some critical issues to address here in the early stages of counselling.
2. **How much does the client owe?** Help the client identify all debts. The gambler needs lots of prompting to “remember” all debts. Stress that now is the time to come clean in relation to debts and ALL must be brought forward. Gamblers usually underestimate their debt load by about 1/3. Thus, if they “think” they owe approximately \$10,000, it is likely closer to \$30,000.
- 3) **How much does the client make?** Examine the ratio between the debt load and the client’s income. Can the client’s income allow repayment of all debts?
- 4) **How far behind is the client on payments?** If the client has avoided creditors and is now several months in arrears, it may be difficult to negotiate repayment. If payments are more than three months in arrears, the debt has probably been referred to a collection agency or department. Encourage the client to contact creditors, be honest, and attempt to work something out. If at all possible, the client should have a plan of some sort when calling.
- 5) **Refer the client for financial counselling, if necessary.** If the client needs help to either get a budget on track, negotiate with creditors, or if more is owed than can possibly be repaid, refer the client to a debt counselling service (government departments will often offer free or inexpensive debt counselling services).

## ASSESSMENT

To understand the complexity of problem gambling as it relates to a client, various factors must be considered. A thorough, comprehensive and accurate assessment includes an examination of the following areas:

1. The Gambling Behavior (pattern, type, frequency, duration, feelings, triggers)
2. Major Life Areas (worksheet follows)
3. Contributing Factors
4. Other Addictive Behavior, i.e. substance abuse.

Some additional questions you may want to consider are:

1. Developmentally, what are the normal expectations for this client? (education, appearance, living arrangements, relationships, etc.)
2. What maladaptive behaviors or style of thinking are evident? (anger at being kept waiting for an appointment, compulsive behavior in session)
3. What skills does the client need to learn (at both the conscious and subconscious level)
4. What identity does the client have, how does he/she come across?
5. What personality strengths does the client possess?
6. What support network have they established?
7. Is the client doing to themselves what was done to them as a child?
8. Is the client allowing others to do to them what was done to them as a child?
9. Is the gambler doing to someone else what was done to them as a child?

## MOTIVATION FOR CHANGE

Gamblers seek treatment for many reasons. Taber and Chaplin (1988) found the following motivations for clients to seek treatment in their gambling program:

1. 5% of clients genuinely wanted to change their gambling behavior;
2. about 40% were there because of family or financial-legal pressures;

3. about 25% attended because they hoped to gain favorable treatment from the courts, or because it was recommended by a court;
4. 15% were worried about their physical health;
5. 10% were willing to admit to a gambling problem, not because it was the primary problem, but because they were unwilling to admit to an alcohol or drug problem; and
6. about 5% of clients were either homeless, wanderers, or health system abusers.

The reasons a gambler seeks treatment can be used in the development of their treatment plan. This information is especially helpful in determining which stage of change the client is in for their gambling.

## CONTRIBUTING FACTORS

Problem gambling clients have often experienced crisis and trauma prior to developing their gambling problem (Taber, McCormick and Ramirez, 1987). It is helpful to review these experiences to help the client make sense of how and why their problems developed. Gambling is similar to other addictions; it is a way of coping with the stresses and complexities of life. Emphasize that the purpose of this discussion is not to blame any person or event for the development of their problem, but to try to understand how these factors play a part in the history of the problem. By understanding the contributing factors, some of the issues may be resolved, thereby lessening the need for destructive behavior. The Screening/Assessment Worksheet at the end of this section has a space for this area.

## Family History

In addition to the hypothesis that there may be a genetic or inherited predisposition for problem gambling, the tendency for problem gambling to run in families can also be explained by role modeling. Moreover, disrupted or inconsistent child rearing may result in deep feelings of inadequacy, inferiority, and low self-esteem, as well as a pervasive sense of rejection by parents (Lesieur and Klein, 1987; Jacobs, 1989).

Treatment Considerations: Insight oriented therapy or cognitive therapy may be required to help the client overcome the effects of these early experiences.

## Personality Characteristics

The inability to control gambling behavior has been related to personality traits such as extreme impulsivity, inability to delay gratification, and not being able to tolerate feeling uncomfortable. As a result, coping skills are often weak (McGurrin, 1992).

Treatment Considerations: Behavioral counselling with carefully selected rewards may be useful for helping clients learn to control impulsivity and delay gratification. Group counselling may be helpful for developing coping skills.

## Emotional State

Problem gamblers are considered to have one of the following inner states: hypo-arousal (understimulated or bored, use gambling to make life more interesting) or hyper-arousal (overstimulated or anxious, use gambling to escape from uncomfortable feelings). Depression or anxiety disorders are common (McCormick and Taber, 1987).

Treatment Considerations: Stress management strategies and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings. Negative emotional states become more acute when the gambling stops. Therefore, alternative ways of dealing with these feelings must be identified early in treatment. Medical and/or psychiatric referrals may be required for clients to obtain appropriate treatment and medication if necessary.

## High Stress

Inability to relax is often a contributing factor to problem gambling. Hyper- or hypo-arousal results in a chronically stressful state. Gambling serves as a way of relieving this stress. In addition, the consequences of problem gambling create even greater stress. The result is a deepening spiral of gambling to relieve stress and causing more stress as a result (Lesieur, 1979).

Treatment Considerations: Stress management strategies and relaxation techniques are often useful for helping clients learn to manage uncomfortable feelings.

## Grief Issues

Losses, and the grief associated with these losses, may be a factor contributing to problem gambling. Losses include such things as retirement, children

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leaving home, the death of a loved one, and so forth. Similarly, unresolved past neglect or abuse and the low self-esteem associated with these factors may play a role in problem gambling. Grief issues may help to explain why depression is a common feature of problem gamblers (Miller, 1986).

Treatment Considerations: Individual or group therapy may be required to help clients adjust to losses such as those mentioned above. Support groups may also be useful. Unresolved past neglect and/or abuse typically requires referral for specialized treatment.

### **FINANCIAL ASSESSMENT**

Some considerations to keep in mind when conducting a financial assessment are:

1. If the client is married, or in a similar relationship, the spouse or partner should be involved in the financial assessment.
2. It is important that the client disclose all debts. Full disclosure helps to enhance trust and provides a foundation for planning treatment strategies.
3. Make sure questions are specific enough to identify all areas of debt. For example, certain areas of debt are often overlooked during assessment, such as amounts owed to bar tenders or loan sharks.
4. Disclosures regarding finances are often associated with extreme emotional reactions.
5. Refer to financial planning as developing a money management plan to avoid the negative connotations of a budget.

For information on in-depth financial assessment, please see the Financial Information section.

## **SCREENING/ASSESSMENT RESULTS WORKSHEET**

### **Purpose**

As information from the screening and assessment interview is gathered, it may be recorded on the following worksheet. This worksheet can be shared with the client as part of the information exchange. Brief explanations about the purpose of the tools can be given to the client. Problem gamblers are often quite interested in the background of the tests and may ask questions about their use.

### **Administration**

The "Client Perception" may be obtained simply by asking the client, "On a scale of one to 10, how severe do you feel your gambling problem is?" It is important the client feel part of the screening/assessment process. Their impressions are important and meaningful.

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## WORKSHEET - SCREENING/ASSESSMENT RESULTS

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GA 20 Questions 1 .....	20
DSM-IV Criteria 1 .....	10
SOGS 1 .....	20
Client Perception 1 .....	10

Gambling Pattern \_\_\_\_\_  
Type (VLT, Bingo, etc.) \_\_\_\_\_  
Frequency (How Often) \_\_\_\_\_  
Duration (How Long Does It Last) \_\_\_\_\_  
Previous attempts to control their gambling \_\_\_\_\_  
Feelings Before, During (Relief, Action) \_\_\_\_\_  
Triggers \_\_\_\_\_

### ASSESSMENT OF MAJOR LIFE AREAS:

	MINIMUM IMPACT	SEVERE IMPACT
Medical	1 .....	10
Financial	1 .....	10
Employment/Support	1 .....	10
Alcohol/Drug Use	1 .....	10
Legal Status	1 .....	10
Family/Social	1 .....	10
Psychological	1 .....	10
Leisure	1 .....	10

Motivation for Change \_\_\_\_\_  
Contributing Factors \_\_\_\_\_  
Other Addictive Behavior \_\_\_\_\_





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**TO THE COUNSELLOR**

*Listen to what they want.  
Don't always tell them what  
they need.*

---

**TO THE COUNSELLOR**

*Make the client feel  
comfortable and assure  
them that they are in the  
right place and that they  
are not alone with their  
addiction.*

---

**TO THE COUNSELLOR**

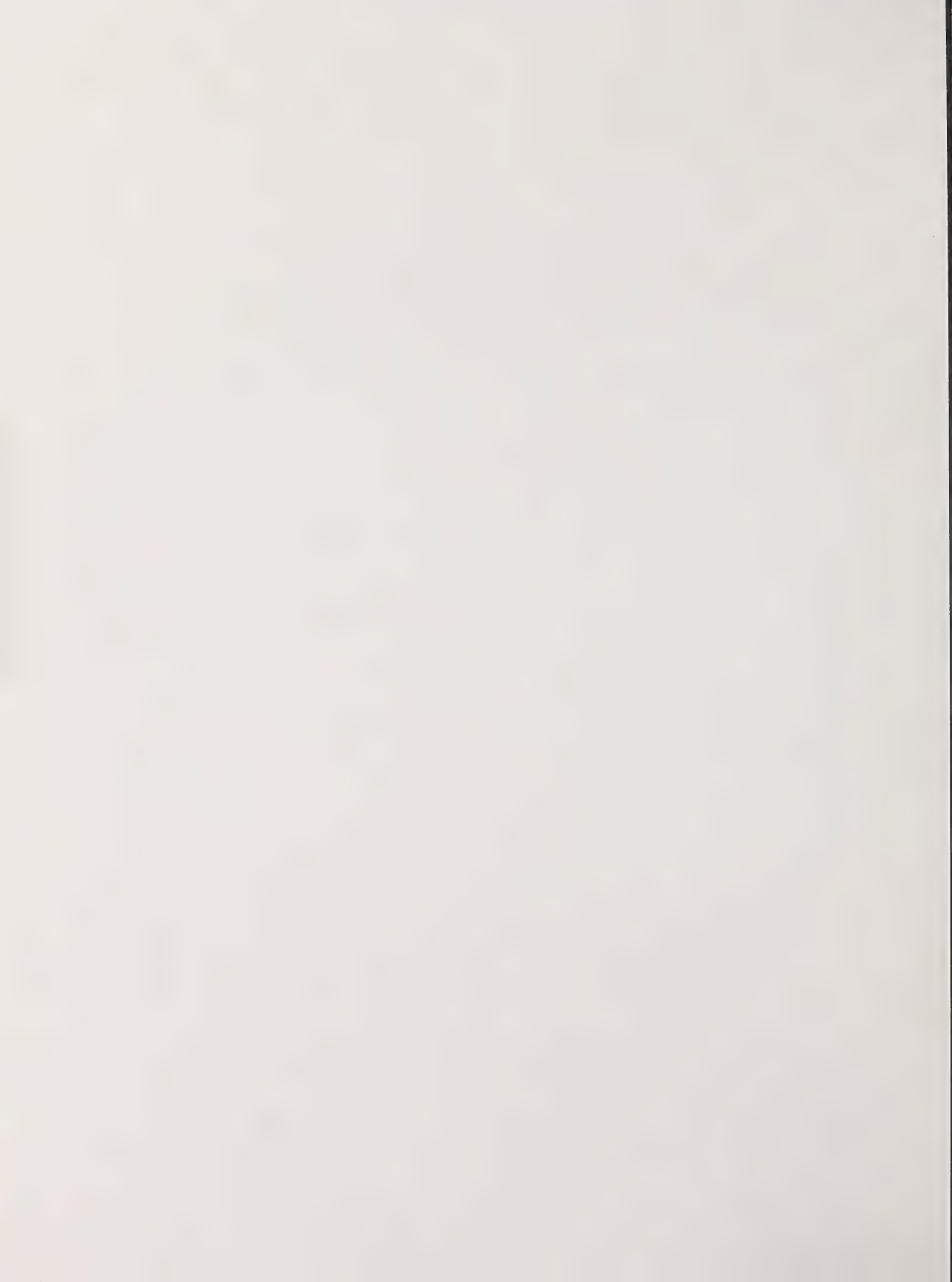
*Encourage the client to talk  
to others with similar  
problems who are also  
seeking assistance (misery  
loves company).*

---

**TO THE GAMBLER**

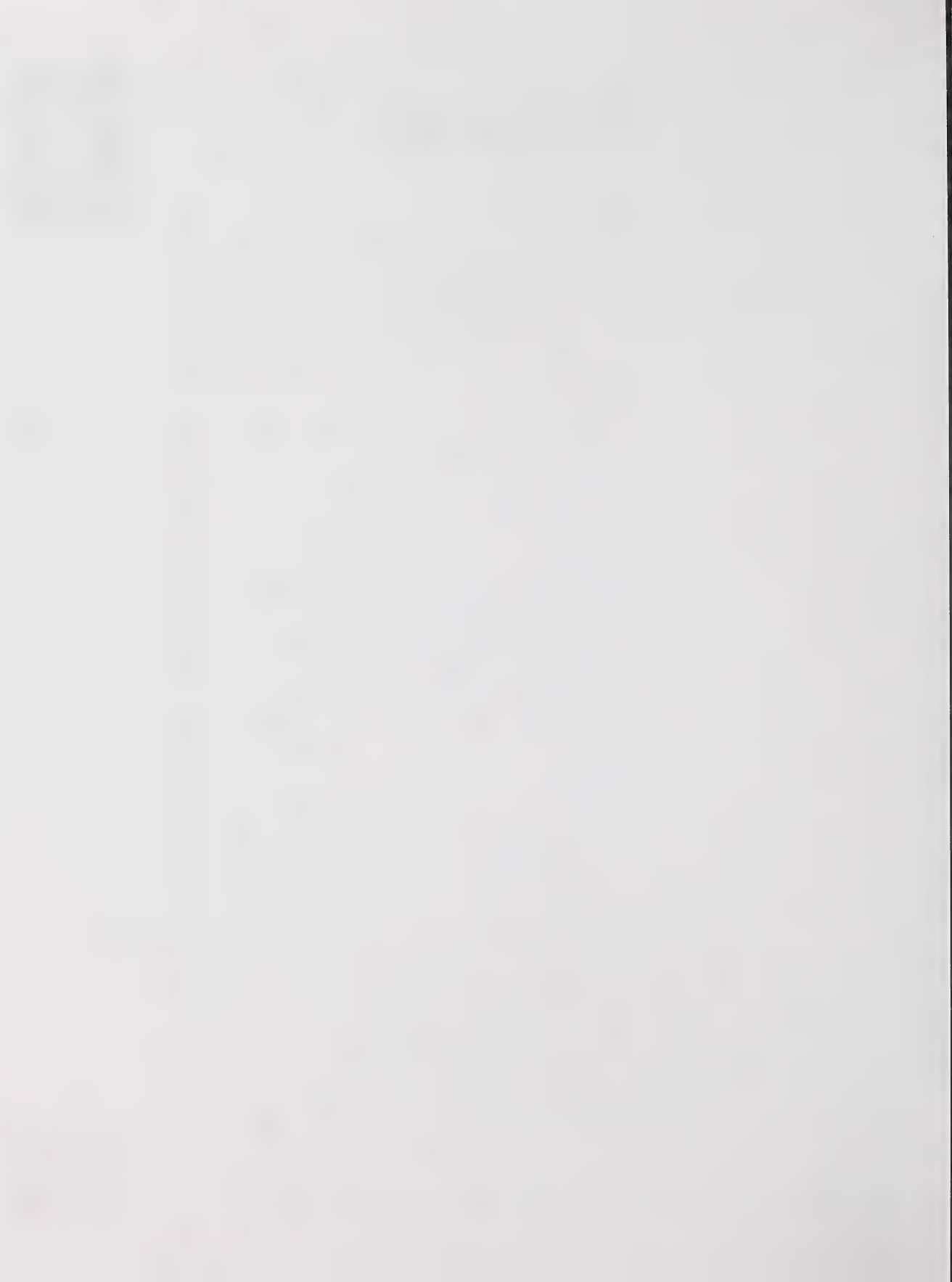
*Admitting your problem is  
probably the biggest hurdle.  
There will be many more  
hurdles and hopefully they  
will be smaller and easier to  
overcome.*

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# TREATMENT

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## TREATMENT PLANNING

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Treatment planning is a critical component of working with problem gamblers. Screening and assessment provide the information needed to develop a sound treatment plan. However, the effectiveness of the plan depends on regular review and modification. Treatment itself actually begins during the assessment phase. Sometimes people are able to make significant changes in their behavior on the basis of assessment alone.

Developing an individualized treatment plan is vitally important. A good treatment plan offers the client well-reasoned, clear goals that enhance their potential for success. An effective treatment plan is flexible and accommodates the client's ability to change. Because change takes time, treatment planning involves setting both short-term and long-term goals. Short-term goals may be one month for some clients, three months for others. Again, flexibility is required to make these tools work for the individual. With some clients, long-term goals may be three months, for others it may mean a year or five years. Ask the client directly what time frames are realistic.

The Screening/Assessment Results Worksheet offered to the client in the assessment session can be used to make goal setting decisions. Based on the assessment results of this worksheet, clients can be encouraged to prioritize the problem areas and set realistic goals for themselves. The treatment planning forms included can assist with this process. At this stage, short-term goals are the focus. Long-term goals can be discussed and planned for, but the importance of setting realistic, attainable goals cannot be over-emphasized. Gamblers have had a history of feeling like failures and need to feel successful in order to maintain momentum for change.

## MATCHING THE CLIENT TO TREATMENT

Matching the type and intensity of treatment to the client is critical. As with most other addiction problems, the principle of least intrusive therapy also applies to problem gambling. This means applying a sufficient level of treatment to meet the treatment goals—not too much and not too little. One approach may be appropriate for a mild problem. Severe problems may require multi-dimensional approaches, such as intensive individual counselling combined with support group and Gamblers Anonymous attendance.

Inpatient treatment should be considered when the following conditions are present:

- gambling severity has reached pathological levels
- there have been numerous unsuccessful attempts to quit gambling
- the client's environment does not support changing the behavior
- there is associated alcohol and/or drug abuse.

## TREATMENT GOALS

Contracting with the client to achieve short-term goals may be helpful. This strategy involves the following:

1. A clearly identified task to be completed.
2. A description of how it will be completed.
3. Criteria of how well it will be completed.
4. A date for completion.
5. The reward for completion or consequence for non-completion.

## Abstinence Versus Controlled

### Gambling Goals

As with the treatment of alcohol dependency, significant controversy exists regarding the issues of controlled gambling and total abstinence from gambling. A client will often insist they want to continue to gamble, but in a "controlled" manner (e.g. limits on amount spent, games played, etc.)

AADAC acknowledges this ongoing debate, but takes a practical stance in favour of abstinence and emphasizing support and self-help. Counsellors are

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encouraged to discuss this with clients. Some helpful questions to clarify the issues are:

1. Have you attempted abstinence from gambling for any length of time?
2. What is to be gained by continuing to gamble in a modified way?
3. What needs are being met by gambling?
4. What is the biggest fear/concern if you quit?
5. What will replace the gambling?

Further information on this topic is available in the following article:

Blaszczynski, A., McConaghy, N. and Frankova, A. 1991. Control versus abstinence in the treatment of pathological gambling: A two to nine year follow-up. *British Journal of Addiction*. 86(3): 299-306.

### **Some Suggested Goals for the Counsellor**

Work with the client to help him or her:

1. stop gambling
2. develop a problem-solving style
3. increase self-esteem by setting short-term, attainable goals
4. develop relaxation skills to reduce impulsiveness
5. develop a realistic restitution plan (must be long-term, e.g. ten years, must account for all debt, must look at positive aspects)
6. find alternative sources of pleasure and excitement
7. learn to develop and enjoy friendships that result in intimacy and a sense of belonging
8. address unresolved grief
9. accept confrontation without interpreting it as rejection
10. accept their feelings as a guide rather than as something to be avoided
11. focus on the development of pride as a result of struggling with life, rather than interpreting struggle and failure as proof of personal inadequacy
12. family therapy to repair damage resulting from the gambler's dishonesty and neglect
13. arrange for follow-up treatment and investigate attending Gamblers Anonymous

14. establish a satisfying work identity

15. develop patterns of leisure and recreation that increase self-concept and renew energy.

### **WORKING THROUGH THE TREATMENT PLAN**

Clients can bring their worksheets to each session. The assessment results worksheet can be referred to on a regular basis with a client. Constant review by the client and counsellor is essential as needs may change and new skills are developed to resolve problems.

Monitor whether the client has contracted to make some changes in any of the life areas. Praise and encouragement should be offered when change has occurred. New strategies should be discussed if the client seems "stuck."

Problem-solving in each of the various life areas becomes a priority in the early counselling sessions. The spouse may be involved in counselling from the beginning and can be helpful during screening and assessment, although their involvement does add complexity to the situation. The counsellor needs to assess the situation to determine at which point the spouse should participate. Further information regarding the family is located later in this section.

Various treatment planning forms are included. Different forms can help meet the needs of different counsellors and clients. The forms help in organizing information and communicating it to the client. Clients can take a copy of their treatment plan with them so they can monitor their own progress.



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# TREATMENT PLANNING WORKSHEET

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AREA OF LIFE	SPECIFIC GOALS	OBSTACLES TO ACHIEVING THIS GOAL	STEPS TO ACHIEVING THIS GOAL
PHYSICAL			
SOCIAL			
LEISURE			
CAREER/INTELLECTUAL			
EMOTIONAL			
SPIRITUAL			
PERSONAL GROWTH			
FINANCIAL/LEGAL			



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## TREATMENT PLANNING GUIDE (PAGE ONE)

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Start Date	Long-term Behavioral Goals	Interim Goals and Tasks	End Date

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## TREATMENT PLANNING GUIDE (PAGE TWO)

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<b>Obstacles to Achieving Goals</b>	<b>Resources</b> (includes counselling interventions)	<b>Results Achieved</b>

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## COUNSELLING APPROACHES

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There are many approaches available for the treatment of problem gambling. A multi-model approach, or a collection of strategies, seems helpful in assisting problem gamblers.

### METHODS OF WORKING WITH GAMBLERS

In his book *The Psychology of Gambling*, Walker (1992) gives an overview of the methods used with gamblers. The following is a summary:

#### Gamblers Anonymous

Gamblers Anonymous (GA) is a voluntary organization based on the 12-step recovery program originally developed by Alcoholics Anonymous (GamAnon is a similar program for families and friends of problem gamblers.)

The membership of GA is limited to those who consider themselves to be “compulsive” gamblers. Members attend regular meetings and share their “experience, strength, and hope.” They support each other on a continuous basis through telephone calls and personal visits. Anonymity is strictly observed.

The support provided by Gamblers Anonymous is often instrumental in helping problem gamblers remain free from gambling. Many counsellors encourage clients to attend GA meetings regularly.

Further information on Gamblers Anonymous can be found in the Discharge and Referral section.

#### Group Psychotherapy

This type of therapy uses various therapeutic approaches as well as group dynamics to bring about changes in clients’ behavior and outlook. Participants talk about their experiences and perceptions and provide and receive emotional support as needed. The focus is on sharing information, ideas, and strategies for coping with day-to-day concerns.

Group therapy usually involves a small number of gamblers meeting with a therapist in repeated sessions over a period of time. Generally, the therapist plays a non-directive, facilitative role allowing group dynamics to bring about individual change.

#### Marital/Family Therapy

Conjoint marital/family therapy is a form of group psychotherapy, but its membership is limited to those individuals who have a close relationship to the problem gambler. The aim of this type of therapy is to help people live together with more harmony, to undo patterns that are destructive to relationships, to repair the damage resulting from problem gambling, and to help family members support each other more effectively.

#### Psychoanalysis

Self-discovery is the focus of this type of therapy. By looking inward and reviewing feelings and past experiences, clients explore the factors that have contributed to their problem gambling. This type of therapy is based on the assumption that problem gambling is a form of neurosis and that when the gambler becomes conscious of the underlying causes of the behavior, the need to gamble will be eliminated.

#### Behavior Modification

Actions are the focus of this type of therapy which is based on the assumption that gambling is a learned behavior. After looking at the gambling behavior and making plans for change, more appropriate actions can take the place of the problem behaviors. This type of therapy is usually done on an individual basis, and may involve one or more of the following approaches:

##### Desensitization or De-conditioning

This approach is based on pairing cues for gambling with no gambling behavior and/or with boredom. It may include strategies such as:

- Taking the gambler to a gambling location and not participating—just standing around—for extended periods of time. During this time, the boredom of the activity is emphasized.
- Having the gambler imagine gambling situations, then pairing these thoughts with competing thoughts of boredom, or counteracting them with relaxing images or exercises.
- Having the gambler play slot machines or video lottery terminals that always pay off. This changes the reinforcement schedule and eliminates the behavior.

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### **Relaxation Therapy**

This commonly used approach involves teaching the client various ways of relaxing in order to deal with urges to gamble, i.e. reduce stressful feelings that precipitate gambling behavior.

### **Satiation Therapy**

Presenting the gambler with no stimuli or activities other than those associated with gambling. When satiation occurs, there is no remaining desire to gamble.

### **Aversion Therapy**

This approach involves using a form of punishment (e.g. an electric shock administered to the finger, hand, or arm, or administration of medications that induce nausea and vomiting) and pairing it with gambling behavior. This type of therapy has been more commonly used in Australia and Great Britain.

### **Behavioral Counselling**

Involves the use of contracting in which the gambler agrees not to gamble or to gamble only to a pre-established limit. The components of a contract are:

- A task to be completed
- A description of how it will be completed
- Criteria of how well it will be completed
- A date for completion
- The reward for completion or consequence for non-completion.

### **Cognitive Therapy**

Cognitive therapy is directed toward how people think about themselves, their world, and their place in it. It explores negative thoughts and how they result in low self esteem, worry, and dejection. Cognitive therapy helps people develop a more realistic and positive point of view. This type of therapy is usually done on an individual basis.

Cognitive therapy is used in two main ways in problem gambling treatment—thought-stopping and cognitive restructuring. In the first, the client learns to modify thought patterns about gambling so that the behavior is no longer triggered. In the second, the client explores irrational or mistaken beliefs related to gambling in order to reduce or eliminate the motivation to gamble.

### **Minimal (Brief) Interventions**

Minimal intervention refers to any treatment that requires considerably less time from a therapist than is typically needed by psychotherapy.

#### **Solution-Focused Brief Therapy**

The basic premise of solution-focused therapy is to utilize and build on client resources, i.e. experience, attitudes, relationships, past success in dealing with problems.

Therapy focuses on times when the client has chosen not to gamble (although they may be few and infrequent) and looks at how the client can repeat these successful “solution” patterns or find other non-harmful patterns. In this way, therapy avoids lengthy explorations of problem behavior (when and why gambling occurred) and focuses on solutions (when and why non-gambling occurred).

#### **“Bibliotherapy”**

The use of self-help manuals is a common form of minimal intervention and has been found to be effective in resolving many behavior problems. A self-help manual for problem gambling has been developed that outlines a systematic method for reducing and/or eliminating gambling behavior.

### **Harm Reduction Strategies**

The focus of this approach is not on the gambling behavior but on the problems that result from it. Harm reduction treatment strategies suggest ways in which gambling can continue, but without the harmful consequences. This approach may include strategies such as:

- Giving the gambler suggestions about how to limit their losses: for example, adhering to pre-determined limits, playing games with better odds of winning, avoiding “instant” type games, having restricted times for playing.
- “Win” therapy—teaching gamblers about ways of increasing their chances of winning, e.g. learning about handicapping systems for horses.

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## MODEL OF CHANGE

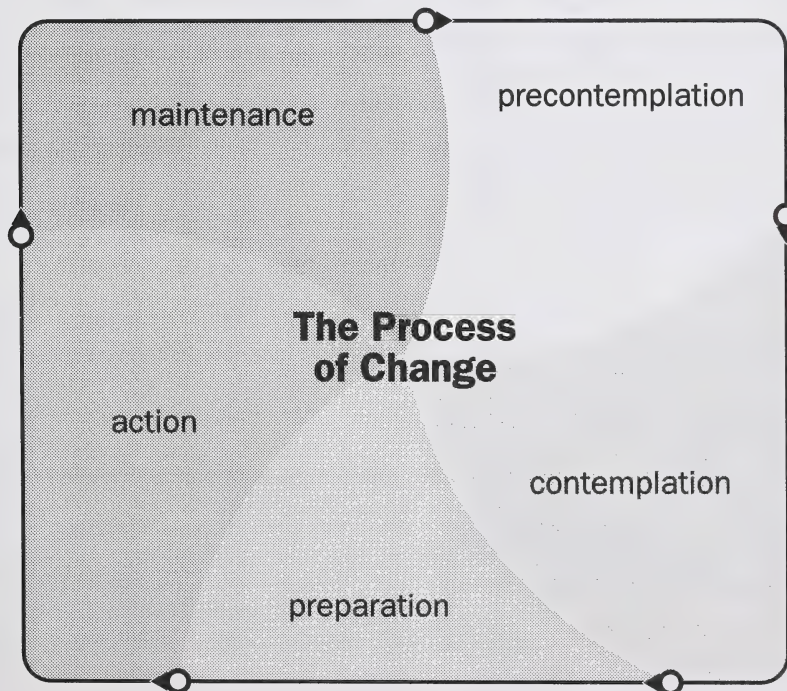
The following summary of the Model of Change is from Prochaska, Norcross, and DiClemente's 1994 book *Changing for Good*.

Clients do not always come to counselling ready to change. Addictions counsellors often see clients who are sent to counselling because someone else recognizes the problems. Problem gambling clients present for counselling at various stages of readiness for change, although they often seem "more ready" than the substance abusing client. Perhaps this is due to the devastating financial situation they may be faced with, or the rapid progression of the gambling problem.

James Prochaska and Carlo DiClemente have developed a Model of Change that is helpful in counselling the client with a substance abuse problem. Gambling clients also benefit from the counsellor's knowledge of these stages. The Model of Change helps identify "where the client is at" in their process of recovery. Prochaska and DiClemente believe that change occurs over time and that people making changes in addictive behavior proceed through a predictable series of stages.

Clients move from being unaware or unwilling to do anything about their problems, to considering the possibility of change, to preparing to make the change, and finally to taking action, and then sustaining or maintaining the change over time. Clients come to counsellors to seek help in negotiating one or more of these stages of change. Clients can come in at any stage in the model. The challenge for the counsellor is to understand which stage the client is in and to use interventions appropriate to that stage.

By being aware of different stages of change, counsellors may take different approaches with a client, depending on where the client is in the process of change. Different skills are needed with each stage. Problems with clients appearing unmotivated or resistant occur when a counsellor is using strategies inappropriate for the stage the client is currently in.



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## **PRECONTEMPLATION**

At this stage, individuals can be thought of as “not ready” for change. They have not yet considered the possibility or the need for change. They are likely aware of their behavior, but are not defining it as a problem. However, the notion of precontemplation suggests that someone else knows there is a problem. Precontemplators are only likely to present for treatment if pressured or mandated to do so by someone else. Precontemplators are often labeled as resistant or “in denial.”

## **CONTEMPLATION**

This stage might best be thought of as a continuum that begins when individuals recognize they may have a problem they want to change and ends when individuals conclude they do have a problem that they do want to change. In between, people experience ambivalence—both considering and rejecting change. Such ambivalence is normal and understandable and is typical of many of the addictions clients who present for individual counselling. Contemplation involves achieving the willingness to change.

## **PREPARATION**

In the preparation stage, people plan how they will accomplish the desired change. Strategies need to be realistic and appropriate. Clients seem ready and committed to make a serious attempt at change. The counsellor must recognize that enthusiasm does not equal skill at this point. There may be many barriers to overcome in order for the client to be successful; these must be planned for.

## **ACTION**

Clients in the action stage may use their counselling session to obtain support and monitoring of their success. Research shows that three to six months is required for this phase to be complete, although this varies with the individual and the problem area. As Prochaska states “clients at this stage represent many of our miracle cures, who see us for one session, make significant and long lasting changes, and tell everyone what great therapists we are” (quoted in Miller and Rollnick, 1991, p. 199).

## **MAINTENANCE**

New behavior becomes firmly established in this stage. Although the threat of relapse is less frequent/intense, it is still possible. Clients must be realistic in their understanding of the length of time required to accomplish change. When clients attend counselling after relapse occurs, they may be very shaken and need to make sense of the relapse.

## **TERMINATION**

The termination stage is when people exit the stages of change. In other words, they are finished. There are three criteria for termination: the problem behavior will no longer present any temptation or threat; the behavior will never return, and there is complete confidence that the person can cope without fear of relapse. Only 10 to 15% of all changers reach termination. Most changers remain in the maintenance stage for the rest of their lives. This means that they have built a healthy and rewarding lifestyle, yet may still be tempted on occasion.



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## COUNSELLOR TASKS AND THE STAGES OF CHANGE

The Model of Change outlines tasks for the counsellor in each stage.

STAGE	TASK
Precontemplation	To raise doubts; increase the client's perception of the risks and problems with current behaviors.
Contemplation	Tip the decisional balance: evoke reasons to change, risks of not changing. Strengthen the client's self-efficacy for change of current behavior.
Preparation	Help the client determine the best course of action to take in seeking change.
Action	Help the client take steps towards change.
Maintenance	Help the client identify and use strategies to prevent relapse.

It also gives suggestions to help a client when they relapse:

**In the case of relapse** – Help the client to renew the processes of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse.

## MOTIVATIONAL INTERVIEWING

Motivational Interviewing, developed by Miller and Rollnick (1991), is a way to help people recognize and do something about their present or potential problems. It is especially useful with people who are either reluctant to change or ambivalent about changing. It is intended to help resolve ambivalence and get a person moving along the path to change. In Motivational Interviewing, the counsellor does not assume an authoritarian or expert role.

The strategies of Motivational Interviewing are persuasive and supportive rather than coercive or argumentative. The counsellor attempts to create a positive atmosphere which is conducive to change. Motivational Interviewing uses a variety of strategies, some derived from client-centred counselling, to encourage internal change rather than imposing external change onto the client.

In their book, Miller and Rollnick (1991) state: "Motivational Interviewing is an approach designed to help clients build commitment and reach a decision to change." Prochaska and DiClemente have described the stages of change a client may be in when presenting for counselling; Miller and Rollnick offer strategies to move the client from one stage to the next. The first half of this book is essential reading for counsellors dealing with problem gamblers and other clients experiencing addiction problems.

The following two sections are some notes from Miller and Rollnick's work, adapted for problem gambling clients.

## Five Principles of Motivational Interviewing

### 1. Express Empathy

Acceptance facilitates change

Skillful reflective listening

Ambivalence is normal

### 2. Develop Discrepancy

Awareness of consequences is important

Consequences that conflict with important goals favor a change

The client should present the arguments for change

Labelling is unnecessary

### 3. Avoid Argumentation

Arguments are counterproductive

Defending breeds defensiveness

Resistance is a signal to change strategies

### 4. Roll With Resistance

Momentum can be used to good advantage

Perceptions can be shifted

New perspectives are invited but not imposed

The client is a valuable resource in finding solutions to problems

### 5. Support Self-Efficacy

Belief in the possibility of change is an important motivator

The client is responsible for choosing and carrying out personal change

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There is hope in the range of alternative approaches available

### **Challenge these Assumptions**

Many behavior change consultations fail because the counsellor falls into the trap of making false assumptions. The client is more likely to openly consider change if the following assumptions are not imposed on him or her:

**1. This person OUGHT to change.**

This is difficult to avoid because counsellors tend to place a high value on health and often do feel that change would be a good idea. Do not be dishonest about this. The solution is to either hold back on expressing personal views, or to express them openly in a non-threatening manner: "I think it might be a good idea to change your gambling, but what do you really think about this?" In other words, express opinions in a relatively neutral and non-judgmental way, placing emphasis on the client's freedom of choice.

**2. This person WANTS to change.**

This assumption is easy to avoid. Ask the client! Remember that motivation is not an all-or-nothing phenomenon. It's a question of degree, so don't ask a question like, "Do you or don't you want to reduce gambling?" The assessment of how much the person wants to change will be crucial to the success of the consultation. Remember that clients sometimes feel intimidated by health professionals; they may not want to be frank because they fear possible disagreement about behavior change. The counsellor's general attitude and specific wording of questions can help to facilitate honest discussion.

**3. This person's health is the prime motivating factor for them.**

This is a common faulty assumption made in counselling sessions. For example, fairly healthy clients are not necessarily motivated to change behavior in the interests of long-term health. More immediate prospects like keeping a job or saving money might be more important.

**4. If he or she does not decide to change behavior, the consultation has failed.**

This is unrealistic and too ambitious. Deciding to change is a process, not an event, and it takes time. People vacillate between feeling ready to take action and feeling unwilling to even think about it. Simply helping someone to think a little more deeply about change is a useful outcome of a consultation. A decision to change is more likely to be made outside of the consultation.

**5. Clients are either motivated to change or they're not.**

Motivation to do something is not an all-or-nothing phenomenon. It's a matter of degree. Readiness to change varies between individuals, and within them, over time. A counsellor can have a great deal of influence with a client's motivation.

**6. Now is the right time to consider change.**

It might not be! Choosing the right time is a delicate matter. The best guideline is the client's reactions. If he or she has rushed into the session, late because of a disagreement at home, there is a problem of timing! Choosing the right moment and moving ahead at the right pace will enhance success rates.

**7. A tough approach is always best.**

No, it's not! Most people are not encouraged to change when someone uses this approach. People take a "hard line" when they feel no other approach is possible. With some clients, on some occasions, being very frank and directly persuasive might be justified. But do not assume this is necessary for every client. Counsellors can enter a vicious circle if they use the tough approach. Clients resist because they don't like being cornered, the counsellor feels that clients are inherently resistant to change, further tough action appears justified, and so on.

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**8. I'm the expert. He or she must follow my advice.**

Negotiation will obviously not work in this situation! The counsellor's expertise is not irrelevant, it is the way it is used that is important. A useful analogy is that of a learner driver who employs a driving instructor. The pupil (or patient) does the driving, and the instructor watches, listens and encourages, and makes crucial decisions about where to go, how much information to provide, and when to provide it. In consultations about behavior change, the client should be in control. He or she will follow guidance only as long as it continues to feel helpful and relevant.

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## SOME KEY QUESTIONS

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What do you think has to change?

What could you do now?

What's going to happen now?

Where do we go from here?

How would you like things to turn out for you, ideally?

What are some of the good things about:

- your gambling?
- making a change?

What are some of the not so good things about:

- your gambling?
- making a change?



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## TREATMENT SUGGESTIONS

Martin McGurrin (1992) has identified practical points for treating problem gamblers. These suggestions are based on his extensive clinical experience with gamblers.

1. Be assertive and directive with the client, but in an empathetic way. Problem gamblers often attempt to take control of therapy sessions and direct discussions away from problems they must resolve.
2. Help the client explore the balance between their expectations, which may often be unrealistic, and what recovery may actually be like. Pathological gamblers often significantly underestimate the amount of time and effort that they must commit to therapy in order to resolve their problems.
3. Avoid excessive “storytelling” with clients about gambling. Problem gamblers often love to talk about gambling, and they do it incessantly. These discussions may be a means of digressing from more important discussions.
4. Be prepared for missed appointments or last-minute cancellations. Establish a firm policy about consequences for missed appointments and clearly state it during the first session.
5. Remain alert to the possibility of the client developing a cross-addiction as a replacement for gambling. Increased use of alcohol, food or drugs are definite risks for recovering gamblers. Problem gamblers may become compulsive about their work or other interests.
6. Anticipate episodes of anxiety, depression, criticism of the value of therapy, and other such behaviors around periods of significant sports events (e.g. World Series, hockey play-offs). This is especially common during the first year of abstinence.
7. Problem gamblers respond well to structured, goal-oriented approaches but they must also feel they have time to express themselves and that the counsellor is willing to listen. Balancing these approaches requires professional judgment and concentrated patience. Even very structured sessions can offer opportunities for the client to weigh the pros and cons of their behavior.

8. Don't waste time trying to convince problem gamblers that in the long run the odds cannot be beaten. They know the odds are against them.
9. Keep the gambler's significant family members involved in therapy, at least to some extent. If they were not involved before, explain to the client the reasons to involve them, and proceed to include them in ways you judge appropriate for the achievement of treatment goals.

## GROUP SUPPORT

A support group is an excellent way to provide consistent, practical treatment to problem gamblers. A group can offer a sense of belonging to the problem gambler that he or she may not find elsewhere. The self-disclosure that occurs in a group setting permits participants to gain a deeper understanding of themselves, as well as to learn more effective ways of relating to people. Group members have the opportunity to see themselves and others develop self-confidence and a sense of identity. This in turn seems to help resist the strong urge to gamble that clients experience.

Support groups may take a variety of different formats depending on the resources available and the leader's experience and availability. The most essential ingredient for a successful support group is to provide an atmosphere of trust and safety for the participants. Whether the group is highly structured or very casual depends a great deal on the facilitator. Problem gamblers, like other clients, do seem to appreciate having some input in how the group is run and will freely offer their comments on what is most helpful to them.

The following format and observations were drawn from one support group's experience, at AADAC Adult Services in Calgary.

1. Brief introductions with first names.
2. Group facilitator welcomes new members and hands out the guidelines developed by the group (included for your information).
3. A clarification of the support group purpose and the difference between it and Gamblers Anonymous. Encouragement of new members to explore Gamblers Anonymous to complement their recovery.

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4. Each member offers an “update” on their recovery. They may speak of new jobs, financial worries, problem solving, family issues, health concerns. Try to discourage “gambling stories,” as they seem to trigger cravings to gamble in other members and they generally aren’t helpful.
  5. Certain themes become apparent during group discussions. Invariably, a newcomer will bring up the government’s role in gambling, often with anger and resentment. It is helpful to allow group members to deal with this issue for obvious reasons (especially if the counsellor is a “representative” of that government). Seasoned group members will allow the client to express his or her feelings and encourage the group member to join them in doing what they can to constructively make changes. The anger must not be discounted—there are valid reasons for feeling this way, but it generally is more helpful to focus on solutions rather than problems.

**Other themes have included:**

- the effectiveness of recovering versus non-recovering counsellors (sound familiar?);
  - the misunderstanding of gambling in the general population;
  - the expense of inpatient treatment;
  - and, of course, the “abstinence versus control” debate commonly heard as “Is it true I can never buy another lottery ticket?”
6. As a large proportion of gamblers seem to be smokers, there is a brief break halfway through the group where much valuable discussion occurs. The smokers go outside to smoke. They ensure the newcomers know “the rules” (where to smoke). Even the non-smokers go outside to stretch and join in the conversation.
  7. A sign-in sheet is handed around after the break. Newcomers are asked to complete an opening form once. This information is kept for statistical purposes.
  8. At times more vocal members need to be restrained to allow others time to talk. This has never been a group noted for awkward silences!

9. The group begins at 6:30 p.m. and ends at 8:15 p.m. Some are reluctant to leave. They seem to genuinely enjoy each other’s company and delight in hearing how far along some members are in their recovery.

The rewards of being involved in a support group for problem gamblers cannot be over-emphasized. The information gained from this process is invaluable and allows a counsellor to formulate beliefs about problem gambling based on those who are recovering and successfully dealing with their problems. Further information on therapeutic groups for gamblers can be found in the Further Reading section under Treatment. The Taber and Chaplin article may be particularly useful.



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## GUIDELINES FOR GROUP

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This group is available to adults who recognize their gambling is causing serious problems in their life, and who want to change their behavior.

1. Alcohol or drugs should not be used while attending this group. Please do not attend group if you have been drinking or using drugs that day. Some group members are dealing with substance abuse problems as well as gambling.
2. **Confidentiality:** Counsellors are required by law to maintain confidentiality about participants unless there is a signed release form. Participants are requested not to reveal the identity of others outside the group.
3. **Respect:** All participants are requested to show respect for one another even when there are different points of view.
4. **Discussion:** As much as possible, all participants are expected to share their thoughts and feelings. Quieter members and new participants need to feel they also have time to speak—and they can be encouraged to speak by others.
5. **Support of Others:** Please acknowledge the growth and change that happens with other group members. Everyone needs a pat on the back for their efforts.



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## WORKSHEETS FOR DIFFERENT STAGES OF TREATMENT

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The series of Worksheets A to E are designed to be handed out at different stages of treatment. However, you may want to hand them out as a package to someone who may not be able to attend further sessions.

Worksheet D is intended as a discussion tool to help clients assess their motivation for change. You can refer to the Screening/Assessment Worksheet (motivation for change) to point out that the client has already made progress, if they have changed from the initial interview until now.

The titles for the worksheets are as follows:

**Worksheet A:** *Thinking About My Gambling*

**Worksheet B:** *Now I've Decided to Stop Gambling*

**Worksheet C:** *Now That I'm Not Gambling*

**Worksheet D:** *Where Am I With My Gambling?*

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## **WORKSHEET A: THINKING ABOUT MY GAMBLING**

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What I get out of gambling is:

The problems I don't have to think about when I'm gambling are:

When I gamble and win I feel:

When I gamble and lose I feel:

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## **WORKSHEET B: NOW I'VE DECIDED TO STOP GAMBLING . . .**

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Now that I've decided to stop gambling, I need to learn to get pleasure and enjoyment from:

The problems I will have to deal with in the next while are:

The biggest concern I have since deciding to quit gambling is:

My greatest hope in making this decision is:

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## **WORKSHEET C: NOW THAT I'M NOT GAMBLING . . .**

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Since I've quit gambling, the best thing that has happened to me is:

The most difficult problem I've had to face since I've quit gambling is:

Even though I'm not gambling anymore, I still have to understand that:

The best thing about not gambling anymore is:

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## **WORKSHEET D: WHERE AM I WITH MY GAMBLING?**

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Denial/minimizing (It's not that bad, what's the big deal?)

Bargaining (I'll only go on Thursdays, I'll pay you back)

Hope (Genuine hopefulness or hope I'll win this time)

Sadness (Reality sets in, I've made some bad mistakes)

Guilt/Shame (How could I have done this again!)

Anger (general or specific)

Acceptance (I need help, I can't gamble again)

Optimism (I'm feeling stronger all the time, I'm starting to feel good again)

Contentment (I can relax a bit more, I have ways other than gambling to cope)



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## WORKING WITH THE VIDEO

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A good counselling resource to use with gambling clients is the Exploring the Gambling Experience video and client handbook, produced by AADAC.

The video and workbook can be obtained through your local AADAC office or from:

**AADAC Resource Development and Marketing**  
Suite 200, 10909 Jasper Avenue  
Edmonton, AB. T5J 3M9  
Phone (403) 427-7319 or toll-free 1-800-280-9616.

### PURPOSE

The video was designed to augment the counselling process by stimulating the client's exploration of her/his own issues. There are three sequential modules:

**Module 1** *Assessing the impact* (22 min.)

**Module 2** *Looking ahead* (17 min.)

**Module 3** *Exploring related issues* (15 min.)

The video also includes a client handbook with information from the modules and related exercises for the client to complete.

### WHO IT IS APPROPRIATE FOR

The video is appropriate for use with clients who have completed an initial screening process, appear to have a serious gambling problem, and have some concerns related to their gambling. It is intended for use by counsellors trained to treat problem gamblers.

### HOW TO USE THE VIDEO

The video is intended to be used by the counsellor with the client in a supported viewing situation—either with an individual client or with a group. The modules are sequential but may be spread out over more than three counselling sessions, depending upon client needs.

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## RELATED ISSUES

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### GAMBLING AND GRIEVING

Problem gamblers often relate well to the grieving process outlined by Walter Miller (1986). Some clients describe the loss of gambling as similar to the loss of a loved one and wonder how they will cope without the release of gambling. It is important to allow time for the gambler to explore what is lost when contemplating abstinence from gambling.

The Miller article is listed in the Further Reading section under Treatment.

### IDENTITY

As counselling continues, clients may bring up the issue of their personal identity. These comments will often be heard from problem gamblers:

*"I don't know who I am anymore."*

*"I never really felt that I knew myself."*

*"When I'm gambling I can be whoever I want to be."*

The client may need time to explore this area. Encourage clients to keep a journal at this point. Thoughts and feelings, as well as events and activities, can be recorded. A daily basis for journaling is preferable. Journals contribute to a sense of identity and purpose; the only rule is that entries need to be dated. A small notebook and pen are the only equipment needed.

Emphasize that part of the benefit of keeping a journal is that recovery is being recorded and that in the future, the client will have concrete evidence they have changed.

Self-help books such as *Celebrate Yourself*, by Dorothy Corkille Briggs, can be helpful in raising self-esteem and bringing forth the answers to the above questions. Carolyn Hillman has authored a book specifically related to women's self esteem, entitled *Recovery of Your Self Esteem: A Guide for Women*.

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## WHO AM I REALLY? WORKSHEET

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I am....

All my life I have wanted to....

I feel most liked when....

I get angry when....

My biggest fear is....

Other people think I am....

I feel strongest when....

I feel good when I remember....

When I'm alone I feel....

I was the type of child who....

Most people don't know that I....

I feel least like me when....

Never, ever, refer to me as a....

The worst part of me is....

The best part of me is....

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## SELF-ESTEEM EXERCISES

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1. Think of a positive message given to you as a child. Who gave you that message and how did the message affect you?
2. What negative messages did you receive as a child? Write them all down with name of person sending them beside the message. Change the message to one that would have been helpful to you in place of the negative message.

<b>A</b>	<b>B</b>	<b>C</b>
<i>You'll never amount to anything.</i>	<i>my uncle</i>	<i>You can be anything you want.</i>

3. Separate Column A and B from Column C. Post Column C up on your mirror, fridge, etc. and "creatively dispose of" (shred, burn) A and B. Some people report great satisfaction with this activity!
4. List how a person with high self-esteem:
  - a) Thinks
  - b) Feels
  - c) Behaves

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## UNMET NEEDS

Dr. Lynn Rambeck (1994) has stated that addiction is “a substitute satisfaction for essential unmet needs.” Clients relate well to this definition and can understand their gambling is an attempt to meet unsatisfied needs.

Discussing the needs human beings have with the problem gambler can help to normalize their thoughts. A wheel can be used to illustrate these needs:



Clients can be encouraged to see that these needs must be attended to. When we take short cuts to meet these needs, we lose the skills to meet them in healthy ways. Have your client complete the next handout, using the space in each category to personalize their needs, e.g. I need to eat properly, get enough sleep, start exercising, take my medication.

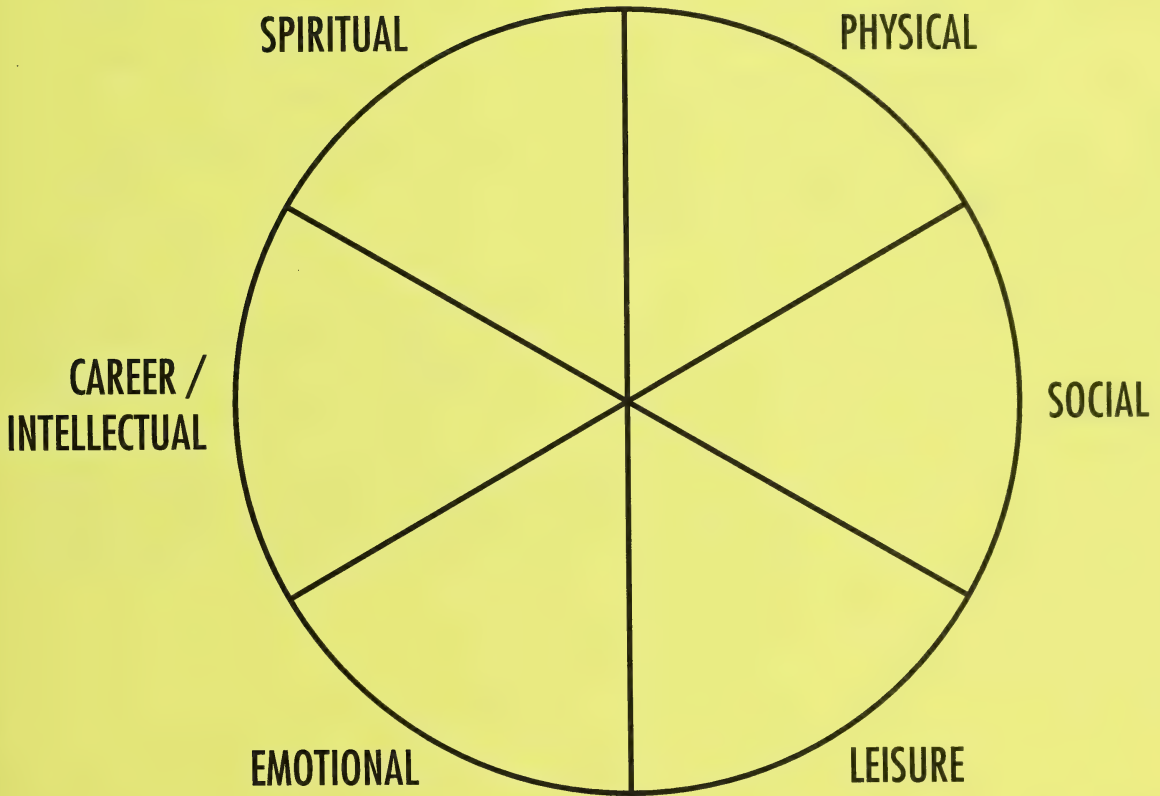
As with other addictions, simply refraining from the addictive behavior does not necessarily improve life. At this point in recovery, the client may realize that stopping gambling is not the key to solving their problems. They may feel more in “discovery” rather than “recovery,” as they begin to discover skills, abilities, feelings, and physical and spiritual health.

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## HOW TO MEET MY NEEDS

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## SELF-AWARENESS

Gamblers often find it helpful to understand the cognitive processes that are involved in making impulsive decisions. The Self-Awareness Wheel is included here to explain how problem gambling results from the failure or inability to go through the entire process prior to taking action.

Our senses—sight, hearing, smell, touch, taste—provide input or sensory stimuli.

1. What we see and hear gives birth to our thoughts.
2. Thoughts generate feelings,
3. Which in turn result in wants and needs.
4. These are followed by the decision making process, in which we explore options and make choices.
5. Once we decide on an option,
6. We take action.

Go through the above process with the client, using an example of how a healthy person would progress around the wheel. Then describe how a gambler would progress around the wheel (i.e. 1, 2, 6). The problem gambler omits steps 3 to 5.

Note the abbreviated cycle of the problem gambler reflects contributing factors relating to personality characteristics such as passivity, inability to delay gratification, and not being able to tolerate discomfort, as well as poor coping strategies.

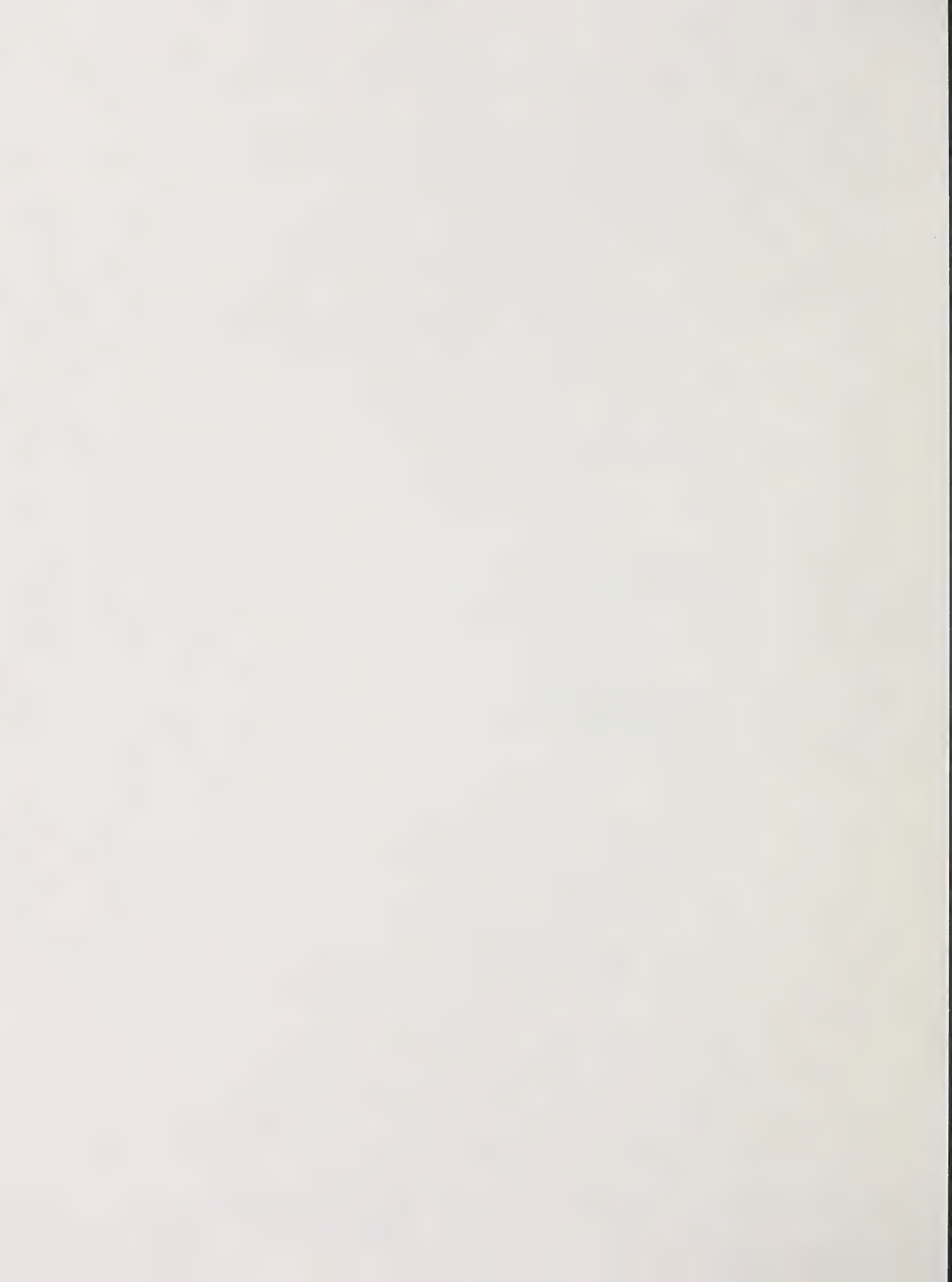
When the model is considered in terms of the treatment of problem gamblers, the following guidelines emerge:

Emphasize the importance for problem gamblers to identify and verbalize their feelings as an important step in the process (most have difficulty in doing so).

Note that in Step 4 (i.e. wants and needs), problem gamblers often say they want/need money, but what they really want/need is excitement, relief, companionship, etc.

Emphasize the need to relearn (or learn) the ability to “go around the wheel” instead of taking short cuts.

For men, there is often an additional factor of being socialized not to express or be comfortable with feelings.



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# SELF-AWARENESS WHEEL

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## LETTING GO OF GUILT

Guilt can be overwhelming for the problem gambler. It doesn't seem to matter that other people are willing to look forward; the gambler is often "stuck" in their past behavior. They may have stolen money, "borrowed" without repaying, lied to spouse, children, friends, or behaved in other ways that seriously clash with their own beliefs and values. Even after the client stops gambling, the guilt continues (Lorenz, 1993).

As a counsellor, it is important to recognize that guilt is often accompanied by other feelings—usually anger, fear and/or resentment. These feelings can have a tremendous impact on the client, interfering with sleep, causing depression and sometimes illness.

The counsellors can help a client make the distinction between guilt and remorse. For example, she will never gain back the time spent on gambling and away from her husband, but she can make genuine apologies, show him how she is changing and spend quality time with him now.

A support group member helped one client through his guilt when he stated his "friend" told him "you can't be a compulsive gambler and be a good person." This was devastating to him, as he truly believed this comment and felt worthless the rest of the day. One group member quietly responded: "You aren't a bad person; your behavior needs improvement though." Another client stated, "We have all done things we regret, now we must rebuild our lives so we can be proud of ourselves."

The Gamblers Anonymous program can be very helpful to clients in dealing with guilt. The following steps deal directly with this issue:

### Step One

Admitted we were powerless over gambling—that our lives had become unmanageable.

### Step Four

Made a searching and fearless moral and financial inventory of ourselves.

### Step Five

Admitted to ourselves and to another human being the exact nature of our wrongs.

### Step Eight

Made a list of all persons we had harmed and became willing to make amends to them all.

### Step Nine

Made direct amends to such people wherever possible, except when to do so would injure them or others.

Dealing with guilt is a long-term project. It may take many years to overcome lost friendships, hurt feelings and shameful memories. This may also be a time for spiritual development within the gambling client.

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# GUILT WORKSHEET

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<b>"TWISTED THINKING"</b>	<b>WHAT REALLY HAPPENED</b>	<b>A CONSTRUCTIVE VIEWPOINT</b>
<i>I am a horrible person and shouldn't be trusted.</i>	<i>I took money that should have been used for groceries and blew it on gambling.</i>	<i>At the time, I thought I would win back my money from the day before and come home with twice as many groceries. I can see how destructive this thinking has been.</i>
<i>My kids hate me and never want to see me again.</i>	<i>The kids are very angry at how I've been acting. They need some distance right now.</i>	<i>Right now, I will respect their wishes for a time. I will not give up on these relationships though and believe we can overcome these problems together.</i>

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## WHAT CAN I DO WITH WHAT I'VE DONE?

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<b>WHO DID I HURT AND HOW WAS THIS DONE?</b>	<b>HOW CAN I REMEDY THE SITUATION?</b>
<i>My employer - I took money from the till that I can never repay. He has since closed the business and left town.</i>	<i>I will make some attempts to reach this person and arrange to pay back at least some of what I've taken. If I cannot find him, I know his son was treated for cystic fibrosis at the Children's Hospital. I will offer time and money to these causes.</i>



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## FAMILY

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The spouse of the problem gambler can be involved in treatment right from the beginning. In fact, it is often the spouse that makes the first telephone inquiry. The spouse may say the gambler will not attend treatment. In this case, encourage the spouse to come for counselling alone. Even when the gambler and spouse are willing to attend counselling together, they may require individual sessions at times to deal with issues they may not want to share with each other. Both partners have experienced serious pain, guilt, anger and suffering. Significant anxiety has been felt by the non-gambling partner in the financial area. Essentials such as food, mortgage or rent payments, utilities, etc. have probably been affected by gambling. By far, the most damaged area in the relationship is trust.

Children may be included in counselling at any stage of the gambler's recovery. Generally, it is more effective to include them during the later stages of recovery when some stability has developed and the gambler is able to make the commitment to improve family relationships.

To help families and friends understand problem gambling, consider offering a one-day workshop or an ongoing support group. As no substance is ingested into the gambler's body, people find it difficult to understand this disorder. Inviting "people who want to examine their own gambling behavior" to this workshop makes for an interesting mix of those who are afflicted by the problem and those who are affected. Due to the very nature of their concerns, spouses are often unable to take time away from their work to attend on a weekday. The workshop may have to be scheduled on a weekend or over two evenings.

## ARE YOU LIVING WITH A COMPULSIVE GAMBLER?

The following is a twenty-question checklist, from GamAnon, to determine the extent of the spouse's problem. This tool is helpful to use in discussing the various aspects of living with a compulsive gambler. If a person answers "yes" to six or more of these questions, they may be living with a problem gambler.

1. Do you find yourself constantly bothered by bill collectors?
2. Is the person in question away from home for long unexplained periods of time?
3. Does this person ever lose time from work due to gambling?
4. Do you feel that this person cannot be trusted with money?
5. Does the person in question faithfully promise that he or she will stop gambling; beg, plead for another chance, yet gamble again and again?
6. Does this person ever gamble longer than he or she intended to, till the last dollar is gone?
7. Does this person ever gamble to get money to solve financial difficulties, or have unrealistic expectations that gambling will bring the family material comfort and wealth?
8. Does this person immediately return to gambling to try to recover losses, or to win more?
9. Does this person borrow money to gamble with or pay gambling debts?
10. Has this person's reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling?
11. Have you come to the point of hiding money needed for living expenses, knowing that you and the rest of the family may go without food and clothing if you do not?
12. Do you search this person's clothing or go through his or her wallet when the opportunity presents itself, or otherwise check on his or her activities?

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13. Do you hide his or her money?
  14. Have you noticed a significant change in the gambler as his or her gambling progresses?
  15. Does the person in question consistently lie to cover up or deny his or her gambling activities?
  16. Does this person use guilt induction as a method of shifting responsibilities for his or her gambling activities?
  17. Do you attempt to anticipate this person's moods, or try to control his or her life?
  18. Does this person ever suffer from remorse or depression due to gambling, sometimes to the point of threatening self destruction?
  19. Has the gambling ever brought you to the point of threatening to break up the family unit?
  20. Do you feel that your life together is a nightmare?

## TREATMENT

The treatment of the spouse of a problem gambler is similar in many ways to that of the spouse of an alcohol or drug dependent client. Here are some suggestions:

- Allow the spouse lots of time to tell her story. Typically, the spouse of a problem gambler has kept her feelings to herself and will find release in being able to open up to someone who will not be critical or judgmental. Friends and family may have already said “just leave him” or “you’re crazy to put up with it.” Listening skills are the most important tool to use at this point. As with other addictions, self-blame may be evident as well as feelings of “going crazy.” Because gambling tends to be such a hidden behavior, the spouse may have discovered the problem long after serious financial difficulties have occurred. This can be somewhat different from drug use where the spouse may at least sense the after-effects, if not the actual use. Gambling can be hidden for years.
- The spouse will need to become more aware of problem gambling and basic concepts such as the following:
  - Compulsive gambling is addictive behavior and requires treatment.
  - It is very treatable. Gamblers in recovery lead full lives; so do their families.
- Symptoms include chasing losses, need for action, withdrawal, tolerance.
- The concept of “enabling” applies to the gambling relationship as well as other addictions. Spouses must stop taking responsibility for the gambler’s behavior. They may have to separate the bank accounts, return to bail the gambler out of financial difficulty anymore and allow the gambler to experience the consequences of her or his behavior.
- Financial affairs must be organized. This may mean attending a “Dealing with Debt Seminar” or seeking the advice of a financial counsellor.
- Knowledge of resources is essential for spouses. They must know where the gambler can go for treatment, what to expect in treatment, how they can be involved, etc. Other supports such as GamAnon, Gamblers Anonymous and book lists should be reviewed.
- Part of counselling the spouse is to help deal with the loss of the relationship as it was. The spouse may feel that their world has come apart and all their hopes and dreams for the future have gone. Be prepared to work through this grieving but be careful to emphasize that rebuilding a new relationship is entirely possible and preferable to the old one. Do not minimize their perception of never getting ahead. Financially, it may be true!

For further resource information on the family, see the listings for Family in the Further Reading section.

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**TO THE COUNSELLOR**

*Empathy is crucial.  
Self-esteem is at a very low  
point... Empathy and the  
ability to try to understand  
the client is what in my  
opinion is critical in the  
first visit.*

---

**TO THE GAMBLER**

*Start with small steps.  
Search out as many  
different ways as you  
can find to start your  
recovery. Use parts that  
best help you.*

---

**TO THE COUNSELLOR**

*Show them that gambling is  
only part of their life even  
though it may be spilling  
over other areas right now.*

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# FINANCIAL INFORMATION

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## INTRODUCTION

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Financial crisis is often the issue that prompts a gambler to seek counselling. Calls from collectors, default notices, creditor demands, court summons, and garnishee orders are often very effective at helping the gambler face reality. Finances may be the most important issue on a gambler's mind. Gambling clients are very financially oriented. They often believe that money causes and solves all of their problems.

As a counsellor, ensure you are completely comfortable discussing money management with clients. Many clients can detect personal discomfort, double standards, or even “all theory, but no practice” from their counsellors. In addition to familiarizing yourself with the financial counselling information presented here, ensure you are able to work with a money management program yourself. Otherwise, you may decide to carry out the financial assessment stages and refer to a qualified financial counsellor for exploring the financial strategies.

Work with the money management terms which fit best for the client. The following terms may be used interchangeably: money management plan, spending plan, financial program, financial plan, or budget. Watch your client for reactions to any of these terms. Use the terms which help clients feel positive about embarking on a new program for managing personal finances.

Pursuing financial counselling early in the gambling recovery process has several benefits:

- It allows the client to develop a new problem-solving style in an area familiar to them—money.
- It helps clients become engaged in the counselling process with a concrete and tangible issue.
- It offers clients the potential to quickly increase their self-esteem because it is easy to see evidence of financial success.



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# FINANCIAL ASSESSMENT

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## INTRODUCTION

Although there may be a temptation to seek quick answers to resolve an immediate financial crisis, it is imperative that all the financial facts are collected first. Without a thorough financial assessment, there is a risk of inappropriate debt resolution strategies and a risk of buying into the quick-fix thinking typical of gamblers.

There are five financial assessment worksheets required to obtain accurate information for the development of financial strategies. The assessment forms and the instructions for each form follow this introduction.

To introduce the financial assessment to clients:

1. Give the financial assessment forms to the client and request they complete the forms for the next counselling session.
2. If completing the forms becomes stressful, it can be discussed in the next session. This will mean, however, that less time will be available for discussing options and solutions.
3. Ask the client to briefly outline any financial crisis. Guide them in exploring temporary coping strategies. Explain that complete financial assessment information will be required before you can fully explore alternatives.
4. Warn clients not to make promises to creditors unless they are absolutely certain they can keep the promises; otherwise realistic debt resolution strategies may be jeopardized.
5. If the client lives with a partner, ask if the partner knows all the financial facts. Clarify the role the partner will have in the financial assessment process.
6. Explain to clients that you do not need this information. They need a complete and honest disclosure of their financial circumstances in order to create an effective financial plan.
7. Reassure clients of the confidentiality of this information. Explain your employer's policy or your professional code of ethics regarding confidentiality.

## SUGGESTIONS FOR COUNSELLORS

1. Most indebted clients will present written financial information without the totals or the balance. Generally, they will not have calculated the total monthly cost of living, their total debts, or their balance of income with total monthly cost of living. Some claim they didn't know this was expected, but most confide they didn't want to know.
2. At the completion of each financial counselling session, ensure the client has financial activities to complete prior to the next session. "Homework" ensures effective use of counselling time, allows clients to practise seeing themselves as responsible money managers, and indicates their motivation to change.
3. Don't expect perfection. The process of using a money management plan, and the resultant confidence and successes from following that plan, should be emphasized.
4. Money is an intensely emotional subject. Helping clients face the reality of their financial situation may lead to high anxiety. In the assessment phase, your primary role as a financial counsellor may simply be panic control. Be ready to explain which parts of the financial situation are normal or expected. Reassure clients there are always solutions, as long as they are willing to explore new strategies.

## MY CURRENT FINANCIAL GOALS

Explain the necessity of clarifying short, medium and long-term goals. Explain that only one short-term financial goal should be included. It is important to focus financial energy on one goal at a time, rather than a collection of short-term goals. Clearly, there are many parts of a client's life that will need attention in the initial stages of treatment. Clarity of focus on one small short-term goal allows the client an opportunity to succeed in achieving a concrete and tangible goal.

Briefly guide the client through the goal by mentioning the SMART goal-setting criteria:

### SPECIFIC

Ensure the goal is truly specific. "A car" is not specific. It could be new or used, full-size or compact, luxury or basic.

### MEASURABLE

---

If the goal is in dollar terms, it will be measurable. For example, “a comfortable emergency fund” is not measurable, whereas “\$800 in an emergency fund” is. The second column on the form asks for “cost or creative alternative” for the goal. “Cost,” since it is in dollar terms, will ensure the goal is measurable. “Creative alternative” allows clients to reflect on possibilities for achieving goals without assuming they must be purchased.

#### **ATTAINABLE**

Goals will be attainable if there is a realistic plan. Either the “monthly savings required” can be included in the monthly cost of living or a realistic “alternative plan” is required. Otherwise, the goals, costs or creative alternatives, and the due dates need to be reexamined until the goals are achievable.

#### **RELEVANT**

Goals must be relevant to anyone who will be expected to reduce or adjust spending in order to achieve them. If family members do not “buy into” the goals, they may consciously or unconsciously sabotage the plan.

#### **TENTATIVE**

Flexibility must be built into the goal-setting process. Since there is no way of predicting which financial goals will continue to be relevant, or what a person’s future financial circumstances will be, it is important to be cautious of commitments of future income which cannot later be adjusted. Generally, avoid credit contracts, leases, or the type of investment contract in which previously made payments are lost if payments are not maintained.

### **MY SPENDING HABITS**

This is a critical tool for helping clients design a money management plan tailored to their own current and potential skills and abilities.

Encourage clients to spend the majority of their time and effort listing the skills and abilities that help them reach their goals. Some examples of valuable skills may start them in the right direction:

1. keeping chequebook records
2. researching large purchases before buying
3. feeling confident about managing cash
4. keeping credit cards under control

5. limiting the number of credit cards to just one or two (even for clients who feel confident about controlling credit cards).

Focusing on helpful habits will assist in the process of changing a client’s perception from being an irresponsible money manager to being a responsible one.

If clients remain convinced they have few good money management habits, help them identify skills and abilities in other life areas such as good organizational skills, following through on projects, etc. Remember that gamblers often have several well-developed skills which could lead to exceptional money management abilities: time management, energy, creative financing skills, and an innate resourcefulness.

Discourage clients from taking more than a few minutes to list their habits that hinder. Most clients can readily list their “bad” habits and dwelling on them is pointless. Habits that hinder are useful for two reasons:

1. They allow clients to reflect on the habits they can realistically expect to change. These can be entered under “Habits I Can Change.”
2. They allow clients to design a financial plan that minimizes the impact of the hindering habits. Help clients understand they don’t have to excel at every money management skill. It is important that clients “do most what they do best,” that is, capitalize on their strengths. For example, if a client is already keeping good chequebook records, but doesn’t handle credit cards well, encourage them to create a cheque-based money management system.

---

## MY CURRENT FINANCIAL GOALS

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	Cost or creative alternative	Date to achieve the goal	Monthly savings required or alternative plan
Short-term goal ( <i>achievable within 1 year</i> )			
_____	_____	_____	_____
Medium term goals ( <i>achievable within 5 years</i> )			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Long-term goals ( <i>achievable after 5 years</i> )			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

## MY SPENDING HABITS

---

Skills and habits that help me reach my goals:

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Skills and habits that hinder me reaching my goals:

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Skills I can acquire and habits I can change to help me reach my goal:

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## MY CURRENT FINANCIAL NET WORTH

This assessment was carefully named so that clients would not perceive this as a measure of their lifetime personal net worth. It only collects information that is current and financial. Explain to clients there are other parts of the treatment program that will examine personal traits, skills, and attributes. This financial net worth statement is only a current (temporary) measure of their financial situation.

This tool is useful in collecting information for the following purposes:

1. to provide one measurement of the seriousness of the financial situation
2. to find assets that may help to reduce or eliminate a debt crisis
3. to begin the process of charting future financial progress
4. to provide guidance in creating a secure financial future.

It may be useful to point out to clients that a net worth statement is a standard tool used when undertaking any financial process, from developing a debt resolution plan to investment or retirement planning.



Date: \_\_\_\_\_

## MY CURRENT FINANCIAL NET WORTH

<b>ASSETS: what I/we own</b>	<b>Self</b>	<b>Spouse</b>	<b>Joint</b>	<b>Total</b>
<b>Liquid assets</b>				
Chequing/savings	_____	_____	_____	_____
Canada Savings Bonds	_____	_____	_____	_____
Life insurance cash value	_____	_____	_____	_____
<b>Personal assets</b>				
House	_____	_____	_____	_____
Vehicles	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>Investment assets</b>				
Term deposits/GICs	_____	_____	_____	_____
Stocks, bonds, mutual funds	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>Retirement assets</b>				
RRSPs	_____	_____	_____	_____
Employer pension plan(s)	_____	_____	_____	_____
<b>TOTAL ASSETS</b>	_____	_____	_____	_____

## LIABILITIES: WHAT I/WE OWE

<b>Short term</b>				
Bank loans	_____	_____	_____	_____
Credit card debt	_____	_____	_____	_____
Life insurance loans	_____	_____	_____	_____
Lines of credit	_____	_____	_____	_____
Income tax owing	_____	_____	_____	_____
Overdue bills	_____	_____	_____	_____
Overdrafts & NSF's	_____	_____	_____	_____
Relatives and friends	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>Long term</b>				
Mortgages	_____	_____	_____	_____
Investment loans	_____	_____	_____	_____
Personal loans	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>TOTAL LIABILITIES</b>	_____	_____	_____	_____
<b>NET WORTH</b> (assets minus liabilities)	_____	_____	_____	_____





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## **MY DETAILED DEBT INFORMATION AND RESTITUTION PLAN**

Encourage clients to fill out the entire form. Reiterate that this information is for their benefit, not the counsellor's, and that complete and honest disclosure is essential.

All debts should be included. If clients believe some of the debts might be written off, suggest they initially include all debts. After written confirmation that the debts have been written off, discuss with clients whether some form of restitution is still appropriate.

Some clients may be uncertain of their debts. Suggest they check with a credit bureau. Written reports of most commercial debts are available free of charge within ten days from:

Equifax            credit file 1-800-465-7166  
                          verbal 1-800-667-2380

Trans Union    check phone book in major centres

In addition to the debts listed on the form, there may be some items not technically owing, but which still require restitution. These may include family items sold or replacement of family savings and investments. Discuss this issue with clients.

In the gambling recovery process, clients cannot simply wipe the debt slate clean. There are always solutions. Explain that you or a financial counsellor will help them explore and evaluate strategies. Help clients face the reality of their debt problems.



# MY DETAILED DEBT INFORMATION AND RESTITUTION PLAN

DEBT SOURCE	Account Balance	Interest Rate	Collateral/ cosigner	Regular payment	Realistic payment or restitution plan
<b>Financial Information:</b>					
Banks, finance co., etc.	_____	_____	_____	_____	_____
Credit cards	_____	_____	_____	_____	_____
Collection agencies	_____	_____	_____	_____	_____
Overdrafts	_____	_____	_____	_____	_____
<b>Personal</b>					
Employers	_____	_____	_____	_____	_____
Coworkers	_____	_____	_____	_____	_____
Friends and relatives	_____	_____	_____	_____	_____
<b>Other</b>					
Businesses (retailers, pawn shops, etc.)	_____	_____	_____	_____	_____
Fines and court restitution	_____	_____	_____	_____	_____
Gambling debts (casino, bookies, etc.)	_____	_____	_____	_____	_____
Income taxes due	_____	_____	_____	_____	_____
Legal fees	_____	_____	_____	_____	_____
Loan sharks	_____	_____	_____	_____	_____
NSF cheques	_____	_____	_____	_____	_____
Overdue bills	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

## Realistic payment or restitution plans may include:

- repay account balances in full
- repay a portion of the account balance
- work off the debt to the business
- provide community service



---

## MY CURRENT MONTHLY COST OF LIVING

All costs listed should be current—that is, they are all subject to change. Advise clients to use a pencil when completing the financial tools, especially this one. Lots of changes may be required before the process is complete. Please note that the old-fashioned concept of “fixed expenses” and “flexible expenses” are omitted from the tool. This concept unfairly limited clients’ creativity in reducing their expenses.

Clients must understand there are two components to a monthly cost of living: the monthly expenses and the irregular expenses. Often clients make the mistake of considering only the monthly expenses when developing their spending plan. The irregular expenses are critical. These are frequently the expenses that create and perpetuate credit dependency and financial crisis. These expenses are not unexpected or emergencies, although clients who have not planned for them may label them as such. Explain that these must be carefully worked into the spending plan because magical thinking (“the money for the car insurance always turns up somehow”) won’t work anymore.

Carefully explain the procedure to clients: price the irregular expenses on an annual basis, calculate the annual total, and then divide by 12 months. This results in an amount that should be allocated every month to the irregular expenses. Reassure clients that the usual result is a huge amount that must be allocated every month—probably pushing the monthly cost of living over the monthly income. This is quite normal and typical. The first solution is to examine the irregular expenses and remove all of the wish items. These items may later be included in short, medium, or long-term goals. The irregular expenses should only include items that are commitments for this year. Other solutions will be explored later when financial strategies are being planned.



# MY CURRENT MONTHLY COST OF LIVING

## MONTHLY EXPENSES

expenses paid every month  
(estimate cost per month)

### Housing

Rent or mortgage \_\_\_\_\_  
 Power, water, sewage \_\_\_\_\_  
 Heating costs \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Cable \_\_\_\_\_

### Food

Groceries and "non-food" \_\_\_\_\_  
 Restaurants and fast food \_\_\_\_\_

### Clothing

Monthly purchases \_\_\_\_\_  
 Dry cleaning \_\_\_\_\_

### Transportation

Car loan or lease \_\_\_\_\_  
 Gas and oil \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Bus/Taxi \_\_\_\_\_

Car insurance (monthly) \_\_\_\_\_

### Medical and insurance

Health care/Blue Cross \_\_\_\_\_  
 Life insurance (monthly) \_\_\_\_\_  
 Prescriptions \_\_\_\_\_

### Recreation

Entertainment, sports, hobbies \_\_\_\_\_  
 Liquor and cigarettes \_\_\_\_\_  
 Baby-sitting \_\_\_\_\_

### Contributions

Church and charity \_\_\_\_\_

### Miscellaneous

Child support \_\_\_\_\_  
 Daycare \_\_\_\_\_  
 Personal care and hair \_\_\_\_\_  
 Personal allowance \_\_\_\_\_  
 Bank service charges \_\_\_\_\_  
 Books and magazines \_\_\_\_\_  
 Newspaper \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

### Savings and investments

**MONTHLY EXPENSE TOTAL** \$ \_\_\_\_\_

ADD

**MONTHLY AMOUNT FOR  
IRREGULAR EXPENSES** \$ \_\_\_\_\_

EQUALS

**TOTAL MONTHLY COST OF LIVING** \$ \_\_\_\_\_

## IRREGULAR EXPENSES:

expenses paid annually or irregularly  
(estimate cost per year)

### Medical

Dental \_\_\_\_\_  
 Optical \_\_\_\_\_  
 Specialists \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Irregular purchases \_\_\_\_\_

### Insurance (non-monthly)

Life and disability \_\_\_\_\_  
 Home or tenant \_\_\_\_\_  
 Car \_\_\_\_\_

### Memberships

Union and professional \_\_\_\_\_  
 Club dues \_\_\_\_\_

### Car

Registration \_\_\_\_\_  
 Tune-up and repairs \_\_\_\_\_

### Housing

Maintenance and repairs \_\_\_\_\_  
 Decorating and furniture \_\_\_\_\_  
 Property taxes \_\_\_\_\_  
 Gardening \_\_\_\_\_

### Recreation

Sports equipment \_\_\_\_\_  
 Children's programs \_\_\_\_\_  
 Vacations \_\_\_\_\_  
 Season tickets \_\_\_\_\_

### Miscellaneous

Christmas or celebrations \_\_\_\_\_  
 Birthdays & other gifts \_\_\_\_\_  
 Subscriptions \_\_\_\_\_  
 School fees and supplies \_\_\_\_\_  
 Professional services \_\_\_\_\_

### IRREGULAR EXPENSE

**TOTAL PER YEAR** \$ \_\_\_\_\_

Divide by 12 months

**MONTHLY AMOUNT FOR  
IRREGULAR EXPENSES** \$ \_\_\_\_\_





---

## **MY FINANCIAL ASSESSMENT SUMMARY**

This summary will collect the final pieces of information essential to create a money management action plan. Here the income information is calculated, income is compared to the monthly cost of living, and the options are outlined for shortages or surplus income over monthly cost of living.

The monthly cost of living does not include any debt expenses. It is critical to calculate the actual cost of living, determine the balance available for monthly debt payments, and develop a realistic debt restitution plan based on this information. This may be a difficult concept for clients.

Generally, indebted clients pay their creditors first and then use the remaining dollars for food, clothing, etc. Like crash diets, this is short-term thinking for what may require a two- or three-year debt resolution plan.



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# MY FINANCIAL ASSESSMENT SUMMARY

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## MY CURRENT INCOME

### MONTHLY INCOME:

Net employment income \_\_\_\_\_  
Spouse's net income \_\_\_\_\_  
Investment income \_\_\_\_\_  
Pension income \_\_\_\_\_  
Annuity income \_\_\_\_\_  
RRIF income \_\_\_\_\_  
Maintenance/support income \_\_\_\_\_  
UI/disability income \_\_\_\_\_  
Child benefit income \_\_\_\_\_  
Other monthly income \_\_\_\_\_  
**TOTAL MONTHLY INCOME** \_\_\_\_\_

### IRREGULAR INCOME: (estimate amount per year)

Income tax and GST refund \_\_\_\_\_  
Maturing Canada Savings Bonds \_\_\_\_\_  
Investment income \_\_\_\_\_  
Other income \_\_\_\_\_  
  
**TOTAL IRREGULAR  
INCOME ON AN ANNUAL BASIS** \_\_\_\_\_

---

## MY BALANCE OF INCOME AND COST OF LIVING

**TOTAL MONTHLY INCOME** \_\_\_\_\_  
**TOTAL MONTHLY COST OF LIVING** \_\_\_\_\_  
**BALANCE: Surplus or <Shortage>** \_\_\_\_\_

---

### If there is a shortage between monthly income and monthly cost of living:

Are there realistic ways to increase income? How? \_\_\_\_\_  
\_\_\_\_\_

Are there realistic ways to decrease income? How? \_\_\_\_\_  
\_\_\_\_\_

### If there is a surplus of income after monthly cost of living:

Will you use this as your "payment ability" for debts or restitution? \_\_\_\_\_  
\_\_\_\_\_

Will you save or invest this for your financial goals? \_\_\_\_\_  
\_\_\_\_\_



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# FINANCIAL STRATEGIES

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## INTRODUCTION

Once all the financial facts for assessment have been collected, examine the client's financial strategies and help them create a financial action plan. This will involve helping clients:

1. balance their monthly income with their monthly cost of living
2. design a money management program tailored to the needs of the client
3. develop processes for following the money management plan
4. find an appropriate strategy for resolving debt problems.

When working with financially traumatized clients, it may be advisable to use a highly structured money management plan for the following reasons:

1. These clients need to feel secure and confident they can meet their basic needs. As Maslow's hierarchy of needs illustrates, clients who are preoccupied with meeting basic needs cannot progress to working on higher needs.
2. These clients need to build confidence in their money management abilities. For this reason, counsellors need to be able to help their clients develop a money management plan that is almost guaranteed to succeed. A very structured approach allows clients an opportunity to experience initial success, and later experiment with new ideas for managing money. A detailed plan works like a recipe that shows you how to make cookies: after a series of successes using the plan, the client may feel more confident experimenting with the ingredients.

### Here are a few suggestions:

1. As a counsellor, your role is to help clients identify possible financial strategies and examine the pros and cons of each. The client will decide which strategy is appropriate for them.
2. If the client is in a relationship, clarify the role the partner will take in finding and implementing financial strategies.

3. Ensure that you have tried most of the money management techniques for at least a few months. The skills outlined in many of the sections below must be experienced before you can teach them. If you are not working with a money management plan yourself, you may wish to refer to a qualified financial counsellor.

## BALANCING MONTHLY INCOME AND MONTHLY COST OF LIVING

When monthly income is compared to monthly cost of living on the "Financial Assessment Summary," there are three possible outcomes:

1. It could balance the first time through the process (a remarkably rare occurrence!).
2. There could be a surplus.

This is money available to either repay debts, or for savings and investment.

For indebted clients, the monthly surplus should be identified as their current "debt repayment ability." This is an essential piece of information for evaluating debt resolution alternatives. The amount of payment ability will often determine how far down the debt resolution alternatives list clients should look to find a solution.

For clients who are not carrying a debt load, the surplus should be identified as their savings and investment opportunity.

Encourage clients to review their monthly costs to ensure everything has been included. Any omissions (or secret expenses) may cause problems with their ability to follow the plan.

3. There could be a shortage.

Help clients understand this shortage means that unless income and cost of living are balanced, they are creating a deeper debt hole each month. Help clients also see this shortage is before the debt payments. Since there is clearly no debt payment ability, the only realistic debt resolution alternative may be bankruptcy.

Work with clients to find realistic ways to increase income and reduce expenses, at least until income and cost of living balance.

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## Cost Cutting

Help clients question every expense:

1. Is this expense still important to me/us?
2. Are there other alternatives to accommodate this expense?
3. Can I really follow through with my decision to cut out or reduce this expense?
4. Can I accept the consequences of my decision?

It may be worthwhile to suggest courses or books for more cost-cutting ideas. Check with the local continuing education department for courses on saving money by learning to cut children's hair, tune-up cars, cook vegetarian meals, etc. Check the library for cost cutting in specific areas or check the personal finance section (332 section) for general cost cutting books. Reliable favourites are:

Dacyczyn, Amy. 1993. *The Tightwad Gazette*. New York: Villard.

Pond, Jonathan. 1992. *1001 Ways to Reduce Your Expenses*. New York: Dell.

King, Dean, ed. 1992. *The Penny Pinchers Almanac*. New York: Simon and Schuster.

If the cost-cutting process really bogs down, it may be worthwhile to move on to the paycheck planning stage. Sometimes the possibilities for reducing expenses become clearer when clients are thinking about them on a paycheck basis.

## PLANNING BY THE PAYCHECK

When income and expenses balance, most clients believe they have completed their budget planning. They are then puzzled when they need to overdraw accounts or depend on credit cards because they have run out of money just before payday. How could that happen when they had so carefully planned their budget? That balance was based on all expenses and payments occurring on the same day. It is now time to consider the cash flow throughout the month.

Creating a successful, workable money management plan depends on planning the expenses by the paycheck. Encourage clients to write, across a sheet of paper, all of the net (after deductions) paycheques received in the household during the month. For example:

John: 15th ..... \$???

Jane: 1st Fri..... \$???

John: 30th ..... \$???

Jane: 3rd Fri..... \$???

Child Benefit..... \$???

Below each income, list the expenses which would most appropriately be paid from that paycheck. Begin with the expenses which arise at a specific time of the month (e.g. mortgage, rent, utilities) and attach those expenses to the appropriate paycheck. Then include the expenses which arise daily, weekly, or per paycheck. Try to divide these expenses equally between paycheques. Then fit all remaining expenses into the plan. This will take considerable reworking, so use a pencil and have a large eraser handy!

Once every expense belongs to a paycheck, decide how every expense will be paid—by cheque, cash, credit card, or savings deposit. Add all budgeted cash expenses from each paycheck and withdraw that amount in cash every pay day. Add all budgeted cheques and credit card expenses from each paycheck and deposit that amount (plus service charges) every payday. Then only write cheques and use credit cards for those budgeted expenses. Deposit savings immediately every payday. If there is an automatic payroll deduction option available to the client, or if the bank will automatically transfer funds to a savings account from an employer-deposited paycheck, this may simplify the process and improve on the success of the savings portion of the money management plan.

## PLANNING FOR IRREGULAR INCOMES

Irregular income is frequently an issue for gamblers as they are often self-employed or commission-based. Clients may develop a skewed perception of irregular income. Instead of perceiving the occasional high income cheques as a bonus, they begin to view them as the income they “deserve,” and lower incomes as “doing without.” Irregular income can thus produce frustration and dissatisfaction, as well as the obvious budget disorganization.

Suggest that irregular income earners:

1. pay themselves a regular average income every month (or every two weeks) — and...
2. use a separate bank account to cushion the irregular nature of their income.

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The reality of this suggestion is that for the first several months, most clients will have to live on a very low income in order to build a cushion to accommodate future income fluctuations. Reinforce the need for clients to perceive this new situation as choosing to thrive with an irregular income, rather than a period of doing without.

## PLANNING FOR IRREGULAR EXPENSES

The first strategy for confidently accommodating irregular expenses was introduced in the assessment worksheet “My Monthly Cost of Living.” This form asked clients to list their irregular expenses, estimate their costs on an annual basis, calculate the annual costs, and then divide by 12 months in order to determine how much must be allocated each month for the irregular expenses.

The second strategy is how to make use of the allocated money. Be careful with the terminology. For some clients, it may be acceptable to use the term “save” for irregular expenses. Most clients understand this concept better if you use the terms “allocate,” “set aside,” or “temporarily put this into the savings account until the expense comes up.” The strategy is that every month the required amount is set aside. If an irregular expense arises during the month, it is paid out of the allocated money; otherwise the allocated money is banked.

Clients may wish to choose one of the following methods to remain in control of their irregular expenses:

1. Use a separate chequing account to hold the irregular expense money, and write cheques as irregular expenses are incurred.
2. Combine irregular expense allocations with other chequing or savings accounts, and keep detailed records of their budgeted and actual irregular expenses.
3. Set the regular amount into a savings account every month, and withdraw as irregular expenses occur.

## STRATEGIES FOR FOLLOWING THE MONEY MANAGEMENT PLAN

The information from “My Spending Habits” will provide some guidance in tailoring a money management implementation system to suit the client. The strategy for following the plan will be based on the client’s current skills and abilities, as well as those that can be readily acquired or adapted.

There are several primary ways to process money or pay expenses: cheque, automatic debit, Interac, cash and credit cards. Encourage clients to decide which payment method they feel they use best and encourage them to use that method most often in their money management plan. The following are among the most successful approaches to implementing a financial plan. Use them personally before suggesting them to clients.

### 1. Envelope system for cash

Process: For each cash expense category, mark the name and budgeted amount on an envelope. Put the budgeted amount into the envelope and spend as required. Look in the envelope to find out if spending is over or under budget. If it is necessary to “borrow” from another envelope, and if the consequences of borrowing are acceptable, take the money and leave a note stating what was done with the money. If there are several notes, the budget needs revision.

Recommendations: This is only for items in the money management plan that are processed by cash; ask clients how much they comfortably want to carry in cash. This system is ideal for clients who need a concrete and tangible money management system, those who have a very tight budget, or those who have very little financial self-confidence.

### 2. Account form system

Process: Create columns for each expense category to be budgeted. At the top of each column, write the budget category name and the budgeted amount. As money is spent, subtract to record how much is still available to be spent within budget.

Recommendations: This can be used for any method of processing expenses: cash, cheques, or credit cards. This system is ideal for those clients who want detailed records, but want budgeting, not just bookkeeping.

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### 3. Traditional record keeping system

**Process:** Instead of keeping traditional records by simply recording what is spent, modify the system to budgeting, rather than just bookkeeping. Sort the categories and add them every week, not just at the end of the month.

**Recommendations:** This allows record-keeping clients to modify a familiar system in order to build in some assurance of success. The problem with traditional record keeping systems is that expenses are not added until the end of the month. The result is often overspending and finding out after it is too late to make changes to succeed. The modification of adding on a weekly basis allows clients to alter spending habits within the month if they see their spending must be reduced to stay on budget.

The following strategies can assist clients in managing their expenditures.

#### Cheque Control

**Process:** Before writing every cheque, ask two questions:

1. Is the item for this cheque part of my money management plan for this period of the month?
2. Is there enough money in my account to cover this cheque?

#### Credit Card Control

**Process:** Use either the account form system or, Use credit cards as if they were cheques, using the cheque control questions and writing the credit card uses in the cheque register as if they were cheques. This system will require considerable experience balancing the chequebook with the bank statement. Otherwise, there may be confusion with the addition of the credit card records in the cheque register, as these are not included in the bank statement.

### DEBT RESOLUTION STRATEGIES

When clients are ready to face their debts and deal with them, explore all of the following debt resolution strategies. Clients may be given a copy of the worksheet “Debt Resolution Strategies” to make notes of the pros and cons applicable to them.

Emphasize that for any debt resolution plan, it is critical that clients:

1. stay in touch with creditors, and
2. do not make any promises they cannot keep.

In choosing a debt resolution strategy, clients will want to consider the financial cost, the time required, the effect on their credit record, the effect on current assets, the likelihood of creditor cooperation, and the impact on their personal or family life.

Suggest that clients attempt to resolve the debt problem by considering the following alternatives, beginning with the least drastic strategy. The alternatives are listed in descending order, from least to most drastic.

#### 1. Maintain payments by:

##### Increasing income

Help clients brainstorm ideas for increasing income and assess the reality of following through. For example, getting a second job may increase income but have adverse effects on their relationships, personal health, their primary job, and on income taxes. Similarly, other ideas for increasing income (taking in a boarder, upgrading education, having other family members work) all have pros and cons.

Remember to check clients’ income taxes withheld by employers. If they are too high due to a client’s special tax deductions, have the taxes corrected. This may increase monthly income.

In addition, have a working knowledge of government support programs or subsidies available.

##### Decreasing expenses

As with the worksheet “Balancing Income and Cost of Living,” the counsellor’s role is to help clients question every expense: Is this expense still important to me? Are there other ways to accommodate this expense? Can I really follow through on my decision to cut out or reduce this expense? Can I accept the consequences of my decision?



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Remind clients to consider how long their expenses will have to remain at a reduced level. It may be two or three years before the debts are eliminated. Dramatic reductions may be possible for a few months, but it is critically important to be realistic about expense reductions before using them as a basis for a long-term debt reduction program.

Explore one-time or temporary expense reduction possibilities for coping with the critical overdue bills. If a bank loan or mortgage permits a missed payment without penalty, it may be time to consider taking advantage of the opportunity. Generally, gambler clients can help find creative juggling possibilities; they may need help to analyze the consequences.

## 2. Sell unsecured assets

Consider all possibilities, from selling a stamp collection to cashing in a cash surrender value of a life insurance policy. Caution clients to sell only unsecured assets; selling assets pledged as security or collateral is illegal.

### Advantages:

- may allow clients to catch up on overdue bills or pay down one debt to increase cash available for other debts.

### Disadvantages:

- there may be few or no assets.

## 3. Refinance over a longer period

Installment loans may be renegotiated over a longer payment term to reduce the monthly payments.

### Advantages:

- gives clients some time to stabilize their budgets
- may allow adequate payment ability for a debt resolution plan.

### Disadvantages:

- will cost more in interest because it is written over a longer term
- will take longer to get out of debt, thus ties up future income
- requires good collateral to renegotiate.

## 4. Consolidate by taking one large loan to cover all or most of the debt

### Advantages:

- interest rate may be much lower than for credit cards, bookies, etc.
- only one monthly payment instead of several payments
- monthly payments may be lower, but more interest will be paid for a longer term
- may allow clients time to learn money management skills.

### Disadvantages:

- will require a co-signer
- beware of firms willing to consolidate at very high interest rates. This will simply dig a deeper debt hole.
- may convert unsecured debt (for example, credit cards) to debt which is secured by precious assets (a home, for example)
- often gives clients a false sense of security and can become habit-forming, often leading to a second or third consolidation and then bankruptcy.

## 5. Borrow from friends or relatives

### Advantages:

- does not affect credit rating
- may allow clients time to learn money management skills.

### Disadvantages:

- beware bailouts which allow clients to escape consequences
- there may be unstated "strings" or expectations attached
- negative effect on relationships.

## 6. Attempt to settle with creditors

For clients who are unlikely to ever be able to repay the full amount of their debts, creditors may agree to settle for an immediate repayment of a reduced amount. Clients may be able to obtain a lump sum from the sale of assets, borrowing from friends or relatives, or using their tax refund (if the refund is not already directed towards government debts

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such as income tax, UIC or student loans, and therefore unavailable).

**Note:** Obtain written confirmation from creditors that this is a settlement proposal, not just a large payment towards an ongoing debt.

**Advantages:**

- may result in a substantial savings of money and time
- in some areas, the provincial consumer affairs department will assist
- works best for clients with no payment ability in the foreseeable future, especially those on long-term disability or chronically unemployed.

**Disadvantages:**

- beware bailouts which allow clients to escape consequences
- requires a lump sum available for settlement
- requires cooperative creditors
- only a realistic possibility for clients with no payment ability in the foreseeable future.

## 7. Set up a repayment plan

Clients, counsellors and creditors may be able to negotiate a repayment plan. Suggestions for helping to negotiate a debt resolution plan include:

1. Help clients create the debt resolution plan by ensuring that:
  - the budget is reasonable and workable
  - the repayment covers interest and some principal each month
  - the plan will repay creditors within 1 to 2 years
  - creditors are repaid fairly, preferably proportionally or on a pro-rata basis.
2. Provide suggestions for a letter to creditors. The letter should explain the situation, list all assets and debts, illustrate income and expenses, show monthly payment ability, and outline the proposed amount to be paid to each creditor. Suggest the first payment be included in the letter, as well as a cut-up credit card, if applicable.
3. Consider using computer software such as "Power Pay," available from the Utah State University Cooperative Extension Service for

approximately \$30 US. This simple computer program quickly illustrates the huge savings from applying the monthly payments from each paid off debt to the next debt.

**Advantages:**

- offers a real sense of pride for motivated clients
- if minimum payments are met, it may not affect credit record.

**Disadvantages:**

- requires payment ability that allows full interest payments plus some principal payment each month
- this is an informal plan, thus no legal protection
- creditors may still harass
- creditors are unlikely to agree if promises have been broken
- long, hard work
- requires a workable, balanced budget and small emergency fund
- requires creditor cooperation and client motivation.

## 8. Orderly payment of debt (OPD)

OPD is a court administered debt pool plan which allows clients to repay the full amount of all debts with court protection against garnishees and seizure of unsecured goods. In Alberta, OPD is under the Bankruptcy and Insolvency Act and administered by a counsellor from Housing and Consumer Affairs. Court ordered payments are made to Housing and Consumer Affairs. The department, in turn, distributes the money to the creditors on a pro-rata basis.

**Advantages:**

- The monthly payment is based on ability to pay, which is determined by subtracting cost of living from net income. This amount must be enough to repay the debt in approximately three years.
- The interest rate on all debts is reduced to judgment rate interest when the program is in place.
- Creditors cannot take any legal action such as garnisheeing wages after the program is in place.
- Creditors are paid in full.

- Includes most debts except court fines, taxes, child support, and mortgages.

**Disadvantages:**

- All credit cards must be returned and the client cannot have any credit while on OPD.
- Credit reporting agencies will have a record of the OPD. This may affect future ability to get credit, even after the debt has been paid.
- Any creditor who has security such as a lien on a car can choose to take their security (i.e. seize the car). Co-signers can also be asked to pay the debt.
- If three payments are missed, the file can be defaulted. Once this happens, creditors can start collection activities, such as garnishees and seizures, without further court action.

## 9. Consumer proposal

A consumer proposal is a debt repayment program offered to creditors under the provincial Bankruptcy and Insolvency Act (for areas outside of Alberta, please check with your relevant government departments). A proposal can be used by debtors who can't pay their debts in full in 3 years. Generally the monthly payments are lower than Orderly Payment of Debts. A client could propose to make lower monthly payments for a longer time (to a maximum of five years). Or they could propose to pay a percentage of their debts. A proposal can be administered by a counsellor from Housing and Consumer Affairs, Alberta Municipal Affairs, or by a trustee in bankruptcy. Creditors can accept or reject the proposal. If accepted, the proposal is binding on the consumer and the creditors.

**Advantages:**

- The monthly payments are based on what the client can afford to pay.
- One monthly payment is made to Housing and Consumer Affairs, or the trustee, who in turn distributes it to the creditors based on the terms of the proposal.
- The interest rate drops to 0% once the proposal is accepted.
- Creditors cannot take further legal action such as garnisheeing wages or seizing goods once the proposal is accepted.

- A proposal is considered an alternative to bankruptcy.

- Includes most debts except court fines, taxes, child support, and mortgages.

**Disadvantages:**

- All credit cards must be returned and a client cannot have any credit while on a proposal.
- Credit reporting agencies will have a record of the proposal. This could affect future ability to get credit, even after the debts are paid.
- Creditors with security can take their security. This includes asking a co-signer to make payments.
- The proposal may be refused by the creditors. The fees are not refundable.
- If three payments are missed, the proposal may be annulled. If so, creditors can begin collection activity again.

## 10. Bankruptcy

This is the last resort for over-indebted clients. If clients are unable to develop a realistic plan to resolve their debts using suggested alternatives 1 through 9, and if the debts are creating severe problems with work, health, or family life, suggest they discuss their situation with a licensed bankruptcy trustee (check the phone book).

**Advantages:**

- if creditors do not object and all bankruptcy requirements are met, first-time bankrupts are eligible for automatic discharge nine months after declaring bankruptcy
- includes most debts except court fines, child support, and debts incurred by fraud.

**Disadvantages:**

- co-signers would be expected to repay co-signed loans
- all assets would be seized except those allowed under provincial exemptions legislation
- the stigma of bankruptcy, or feelings of shame or guilt
- bankruptcy appears on credit record for 7 years
- will cost approximately \$1,000 plus possible monthly payments, depending on income.

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*\*Note:* This may be a delicate issue. Some of the gambling recovery literature states that “For problem gamblers, bankruptcy tends to serve as a bail-out and prolong the gambling activity.” This is a counselling issue. There is no hard and fast rule. If the recovering gambler is unable to develop a realistic plan to resolve their debts using alternatives 1 through 9, and if the debts are creating severe problems with work, health, or family life, then bankruptcy is a solution to the financial crisis. A restitution plan may then be a solution to a bail-out issue, i.e. it may assist clients in facing debt consequences without completely crushing them.

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# DEBT RESOLUTION STRATEGIES

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1. Maintain payments by:
  - Increasing income
  - Decreasing expenses
2. Sell unsecured assets
3. Refinance over a longer period
4. Consolidate
5. Borrow from friends or relatives
6. Attempt to settle with creditors
7. Set up a repayment plan
8. Orderly repayment of debt (OPD)
9. Consumer proposals
10. Bankruptcy



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## INVOLVING FAMILY MEMBERS

If the client is in a committed relationship, it is important to understand the role which the partner will play in the financial improvement process. Encourage the client to involve their partner, at least in the financial assessment phase. This gives both the client and partner the opportunity for full disclosure and mutual goal-setting. Ideally, partners will remain involved throughout the process of examining financial strategies, developing a financial plan, and implementing and evaluating the plan.

Involving partners in the money management plan will require careful balance between financial detachment and involvement. Gamblers Anonymous advocates complete detachment and no access to money for the gambler except a daily necessities allowance. An approach that allows more opportunities for rebuilding family skills and trust may be beneficial.

Separation of financial affairs is recommended, even for couples without a gambling problem. Partners in a relationship rarely (if ever) have identical methods of using money. Separate credit cards, credit accounts, credit bureau files and some money in separate names are recommended for any couple. Most couples would be advised to use separate chequing accounts for several reasons:

1. to allow both partners the opportunity to continually practice their money management skills
2. to accommodate the typical differences in partners' money management styles or the ways they handle their chequing accounts
3. to minimize the potential for mistakes from communication gaps between the partners.

For families of gamblers, there is need for extra care in separating finances. Partners who have been deceived, misled, and financially disadvantaged by gambler clients cannot be expected to trust until the gambler earns that trust. In the meantime, the partner needs personal financial protection, and the gambler needs an opportunity to rebuild their financial skills and their trustworthiness.

The partner's personal protection begins with one absolute: no more bail-outs or other enabling if the gambling resumes. This includes no more covering up, rescuing, threatening, taking on the gambler's responsibilities, etc.

Additional protections for partners of gamblers may include a separate safety deposit box for valuables, personal assets in the partner's name alone, and allowing the partner to take charge of most of the family income and expenses.

Early in the gambling recovery, there may be some value for both the gambler and partner to have the gambler receive a daily allowance for required expenses. As recovery progresses, both need to see gradual progress in rebuilding the family financial balance. This means the gambler must be increasingly given opportunities to relearn money management skills. Unlike substance addictions, it is not possible to completely abstain from money.

## BUILDING A SECURE FINANCIAL FUTURE

Clients need to be aware that building a secure financial future is a slow and gradual process. It takes time to dispel any lingering unrealistic expectations that gambling will bring financial security. Help clients understand the foundation of a solid financial future includes:

1. ensuring the monthly cost of living is routinely covered
2. having liquid assets as an emergency fund, not just access to a line of credit
3. eliminating all personal or consumer debts
4. building a retirement plan through employer pension plans and/or RRSPs
5. eliminating the personal residence mortgage as soon as possible.

After the basics are accomplished, clients may want to consider other investment opportunities, and possibly consult a financial planner to help them explore alternatives.

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## EVALUATING MONEY MANAGEMENT PROGRESS

A money management plan should be evaluated at the end of every month. Explain to clients that it is simply a process of reflecting “Is this money management plan working?” If the answer is yes, keep using it. If the answer is no, ask “Did I give it a fair chance?” If the money management plan was given a fair chance, and it is not working, it needs to be changed until it does work.

How will clients know if their money management plan is working?

1. It just feels right. Help clients use their feelings as a guide for evaluating financial progress. If clients feel more secure, confident, relaxed, or hopeful about their finances, it is working.
2. There is progress toward their goals, especially the short-term ones. Refer clients back to their goals set in the assessment stage. Help clients to look at the progress realistically.
3. They are able to follow their financial action plan. Help clients to look positively at the ability to follow through.
4. For indebted clients, there is a reduction in the outstanding total debt. For many of these clients, charting their debt reduction progress is a real motivator.

Clients cannot expect perfection, but they should expect improvement. As gamblers progress in their gambling recovery, they can expect their money management plan will allow them to steadily rebuild their money management skills and their net worth.

As counsellors, we must also be aware of not expecting perfection. Slip-ups or relapses are certainly a possibility. Also be aware of the possibility of substitute addictions. These may include compulsive spending and spending sprees. If there are unexplained set-backs in financial progress, it may not be gambling but these substitute addictions instead.

Success in the money management facet of a gambler’s life has immense potential to rebuild self-esteem. Help clients celebrate their accomplishments in the financial area.

## WHERE TO FIND A COUNSELLOR

All counsellors should be clear about the differences between financial planners and financial counsellors. Financial planners assist clients whose goals are primarily centred on wealth accumulation. Financial counsellors assist clients who are in financial crisis or who need financial skill rebuilding. It is unlikely that recovering gamblers will immediately need the services of a financial planner.

Currently, there are no regulations for the use of the term financial counsellor. In order to check a financial counsellor’s qualifications, inquire about both training and experience. The association for Financial Counselling and Planning Education now offers courses toward the designation Accredited Financial Counsellor (AFC), but these professionals are rare in Canada. Professional Home Economists (PHE), who are registered under provincial legislation, may have specialized in family financial management. In order to maintain their PHE status, they are required to practise only in areas in which they are competent.

Carefully check whether the financial counsellor is licensed to sell any products, or is associated with a business which sells products (life insurance, mutual funds, etc.) or services (financing, second mortgages, etc.) which may bias their counselling.

To find a financial counsellor:

1. contact your local home economics association for a registered PHE who specializes in financial management
2. contact your provincial Department of Consumer Affairs to see if they employ financial counsellors
3. sometimes the client’s Employee Assistance Program can provide a qualified financial counsellor
4. contact local counselling agencies to see if they have qualified financial counsellors.

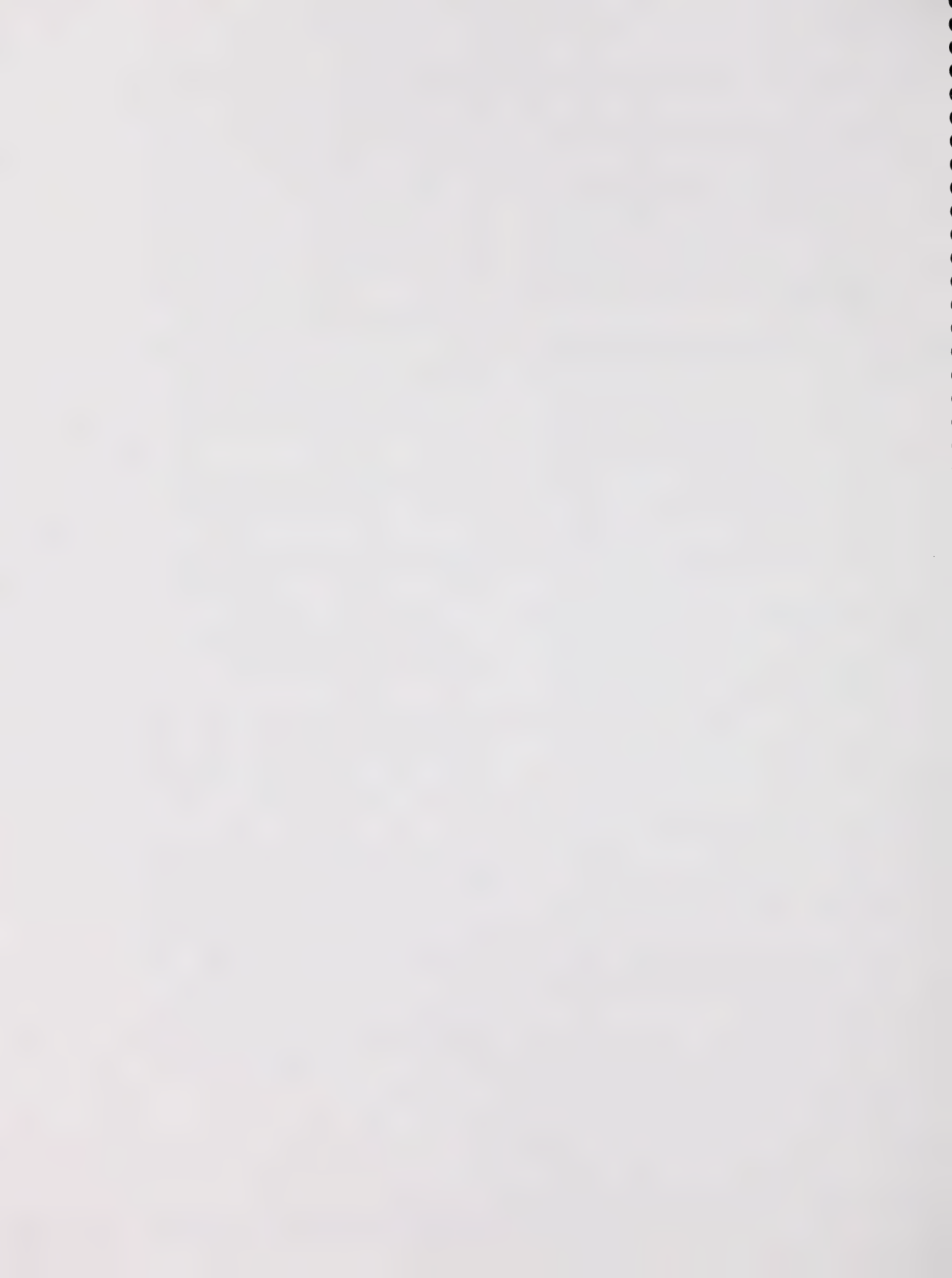


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## **Counsellors at Alberta Municipal Affairs, Housing and Consumer Affairs**

Debt counsellors at Alberta Municipal Affairs, Housing and Consumer Affairs provide information and advice on dealing with creditors, collectors and solving debt problems. This service is free and confidential. However, there are administration fees if a person is placed in a program. These will be explained by the counsellor.

*\*Note:* The department does not lend money, recommend financial institutions or give investment advice.



**TO THE GAMBLER**

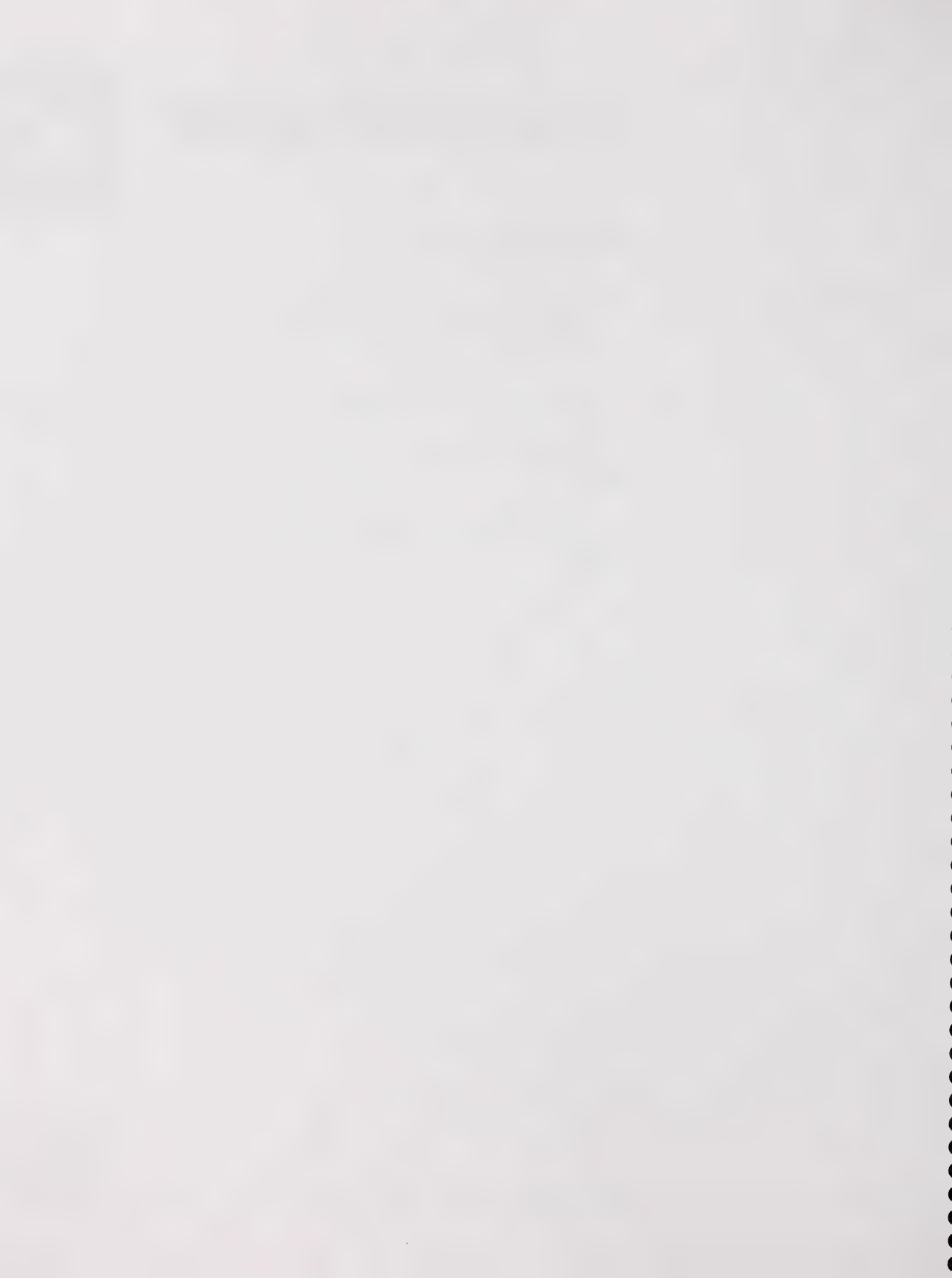
*Don't lose faith if things  
don't move as quick as you  
think they should.*

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# RELAPSE PREVENTION

<b>RELAPSE PREVENTION PLANNING</b>	<b>6.3</b>
Strategies for Success .....	6.5
My Plans for High Risk Situations .....	6.6
What If I Relapse? .....	6.7
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## RELAPSE PREVENTION PLANNING

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The decision to stop gambling is difficult and important. Recovery involves finding new ways of taking care of oneself, new ways of being with friends and family, and new ways to approach life. It also involves avoiding relapse—falling back into the habits that lead to gambling.

Relapse does not begin when people start gambling again. The warning signs usually occur long before then. Relapse begins when people stop dealing effectively with:

1. relationships with family, friends
2. job situations
3. emotions
4. finances
5. legal problems
6. health.

As a result, stress builds which may lead a person to return to gambling, if faced with a difficult situation. These danger areas are called High Risk Situations.

Approximately two thirds of all relapses for any addiction (alcohol/drugs, smoking, diets, gambling) occur within the first ninety days. The longer a person is abstinent, the easier it is to maintain recovery. It is still important to handle stress effectively, since it is one of the major reasons for relapse.

The following handouts give some strategies for preventing relapse.





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## STRATEGIES FOR SUCCESS

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*Removing the stimuli for gambling is critical in early recovery. The following are some ideas to help create a supportive environment where healthy choices become easier to make.*

1. Handle money as little as possible.
  - a. Dispose of bank teller cards.
  - b. Discontinue credit cards if you are taking cash advances or using them irresponsibly.
  - c. Have your paycheques put directly into your bank account.
  - d. Have someone else who you can trust (e.g. a friend, family member) manage your finances.
  - e. Consider other financial avenues, such as locking your money into long-term savings bonds, etc.
  - f. If you are going near a gambling venue, leave all your money, cheque books, etc. at home.
2. Keep a diary of your expenditures. If you are gambling, keep track of how much you have spent, and the amount you have won. If you can't afford to lose anymore, record the losses of a friend or investigate legislation and statistics about the earnings of gambling venues.
3. Try to reduce your financial need.
  - a. Determine if there is something else contributing to your high level of financial need (e.g. drug or alcohol abuse).
  - b. Is it necessary for you to have lots of money or a high standard of living to be happy?
4. Problem gamblers often gamble alone, so get involved in activities with other people. Take an evening class, join a club or sports group, volunteer, or participate in activities with family or friends.
5. Associate with people who do not gamble. Meet with friends in a place where gambling is not available.
6. Build a support network.
  - a. Seek out self-help groups (e.g. Gamblers Anonymous, GamAnon).
  - b. Seek out AADAC workers, psychologists, psychiatrists, or other health care professionals that can help you.
  - c. Seek out family, friends, or relatives for support.
7. Seek financial counselling if needed (e.g. for budgeting skills, debt repayment plans, etc.).
8. Seek treatment for drug or alcohol abuse and mental illness (e.g. depression, suicide, mania). Seek counselling for marital problems, career and legal issues, or other problematic areas in your life.
9. Save your gambling money for something special you enjoy doing (e.g. hobbies, travelling). Reward yourself when you choose not to gamble (e.g. go out for dinner, see a movie).
10. Channel excess energy or prevent boredom or loneliness by building other alternatives to gambling. Take up sports, hobbies, exercise, or other enjoyable activities.
11. Change habits and behaviors that support your gambling (e.g. don't drive past your gambling venue of choice, avoid reading sports results).
12. Plan and schedule your days, replacing the time spent gambling with other activities you enjoy. Stick to your schedule as closely as possible.
13. Determine what triggers your gambling (e.g. stress, depression, loneliness, anxiety) and find other ways of dealing with these triggers.
14. Learn more about problem gambling. Go to a library or bookstore. Read books, pamphlets, or borrow videos.
15. Develop realistic expectations for change.
  - a. It is unrealistic to expect quick change or improvement. Relapses are likely and they are not signs of failure.
  - b. Understand that winning is due to luck, and luck only, not skill.
  - c. Gambling is not the best way, or the only way, of controlling your financial situation.

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## MY PLANS FOR HIGH RISK SITUATIONS

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MY HIGH RISK SITUATIONS ARE	WHAT I CAN DO ABOUT THIS SITUATION
1.	1. 2. 3.
2 .	1. 2. 3.
3.	1. 2. 3.
4.	1. 2. 3.
5.	1. 2. 3.

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## WHAT IF I RELAPSE?

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The decision to stop gambling will affect your life in many areas. Emotions may come to the surface that were previously avoided. Sometimes you just cannot control everything in your life or handle every situation the way you plan to. There is a possibility that you might relapse and start gambling again. Think how you would feel about a relapse—guilt, anger, shame, fear. What could you do about it? It is important that you do not give up. We often have to try several times to make behavior changes before change becomes permanent.

If you treat relapse as a mistake, rather than a failure, you can learn from it and prevent it from happening again. As with other addictions, a “slip” back to gambling starts long before the return to the VLTs. It actually starts with the return of old attitudes and behaviors.

1. What does relapse mean for you?
2. How would you handle the urge to return to gambling?
3. How could you prevent this from happening?

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## **RECOVERY HINTS FROM RECOVERING PROBLEM GAMBLERS**

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- attend support meetings and/or counselling regularly - AADAC, GA, etc.
- think about consequences before you do it
- try to get other hobbies, interests—spend time with people, volunteering, getting attention off yourself
- contact someone else to manage money for the first year
- contact someone before gambling—use phone and phone list
- let people close to you know the problem
- stay away from gambling establishments, beware of triggers (write them down), don't tempt yourself
- keep a journal
- stay abreast of gambling news—be aware of problems
- recognize if there is a problem and don't be afraid to seek help
- take responsibility for your actions
- be on the lookout for substituting addictions
- don't look for the magic pill—recovery takes effort, but it works
- don't stop trying

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# NATURAL HIGHS

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*As we say good bye to our old friend—the “thrill” or the “action”—we search for and welcome natural highs which contribute to our uplifting and growth. One day at a time.*

## REFLECTIONS FROM THE GAMBLERS GROUP

- Take a walk in the park
- Go to the movies
- Enjoy a home cooked meal
- Work out at the gym, health club or leisure centre
- Take up a hobby like Native crafts
- Volunteer at a shelter for the homeless
- Help out another person in need
- Go to the \$1.50 movies...treat yourself!
- Read a good book
- Have great sex!
- Keep a personal journal
- Write poetry
- Volunteer your time with no pay (e.g. auxiliary hospital)
- Get back in touch with yourself spiritually through church
- Spend time with the less fortunate...at a hospital or cancer clinic...then thank God for the little gifts.
- Meditate
- Collect sports cards
- Play a game with kids
- Go tobogganing with the neighbours
- Listen to your favourite music
- Enjoy a bicycle ride
- Skating (e.g. Olympic Plaza or Oval)
- Kayaking or canoeing
- Swimming
- Baking
- Live theatre  
Lunch Box Theatre
- Attend a lecture at the public library
- Visit the zoo
- Tour the aerospace museum
- Ice fishing
- Become a scout or guide leader
- Enjoy looking for a treasure at a flea market
- Go to some garage sales
- Sign up for a personal growth course  
(e.g. Self-esteem, Stress Management)
- Bake a banana loaf
- Write a computer program that will make you wealthy
- Join a service club
- Learn a new skill by taking a course
- Take a drive in the country
- Take a friend for a coffee
- Go on a shopping adventure with your daughter or son
- Take a trip to experience the beauty of an ocean
- Take your family for a drive to see the Christmas lights
- Try your hand at a round of indoor golf
- Go camping in the back-country
- Go skiing on a glorious winter day
- Get in touch with yourself. What character traits make you who you are?
- Save up some money to take a trip somewhere you would really like to go (not Las Vegas though)
- Phone a friend or relative you haven't talked with for awhile
- Talk to the animals at the zoo
- Plan a house party with some special friends
- Visit the airport to watch the jets land and take off
- Wash your car on a sunny day
- Prepare a fresh batch of popcorn and watch a favourite movie at home
- Take a walk through the Inglewood Bird Sanctuary
- Grow your own flower or vegetable garden
- Volunteer at a Distress Centre
- Try in-line (roller blade) skating
- Take your pet for a walk
- Watch the sun rise
- Feed the birds at Fish Creek Park
- Volunteer as a cook at a kids camp
- Go bowling with a friend
- Prepare a special meal for a special friend
- Volunteer at a hospital or other charity of interest to you
- Take an exotic cooking class
- Join a self defense class
- Take a candlelight bath
- Tackle a challenging jigsaw puzzle
- Hook a rug
- Volunteer to help elderly people
- Take up trail horseback riding
- Enjoy a challenging crossword puzzle book
- Join a community organization
- Listen to an inspiring tape



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## STRESS

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Stress reduction is essential for problem gamblers. The gambling client often gambles to cope with his/her stressful life which, in turn, creates more stress. Help your client understand that not all stress is bad. Stress is not only desirable, but essential to life. It is how we react to stressful experiences that is important.

Stress is experienced from three basic sources: environment, body and thoughts. The following handout can help to identify these sources. Once a client recognizes his/her own stress level, you can begin to work with the client to reduce these levels. The following techniques can be explored with the client.

- progressive relaxation
- relaxation meditation tapes
- visualization
- recognizing irrational thinking
- assertiveness
- time management
- biofeedback
- nutrition
- exercise





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## MAJOR SOURCES OF STRESS

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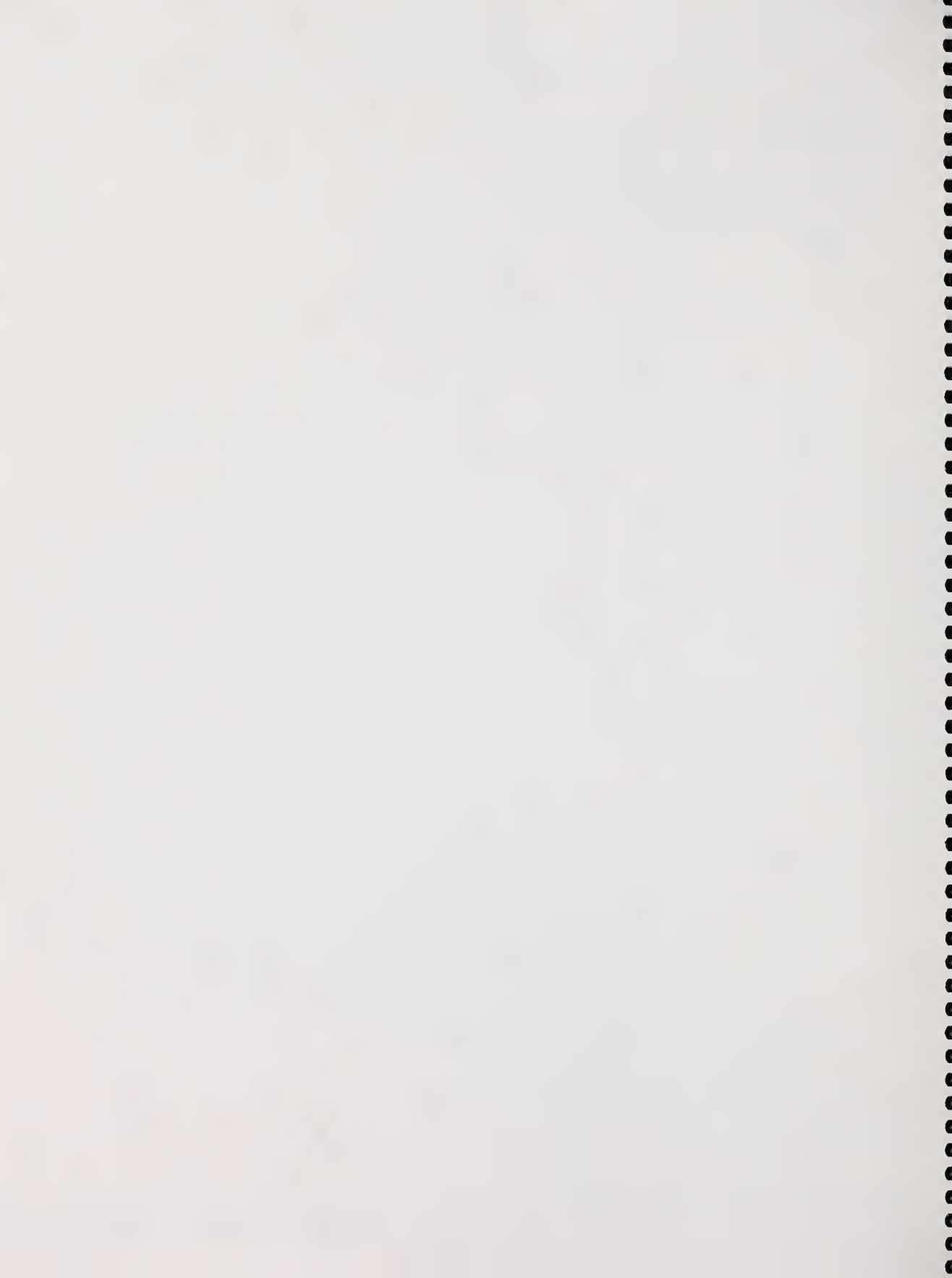


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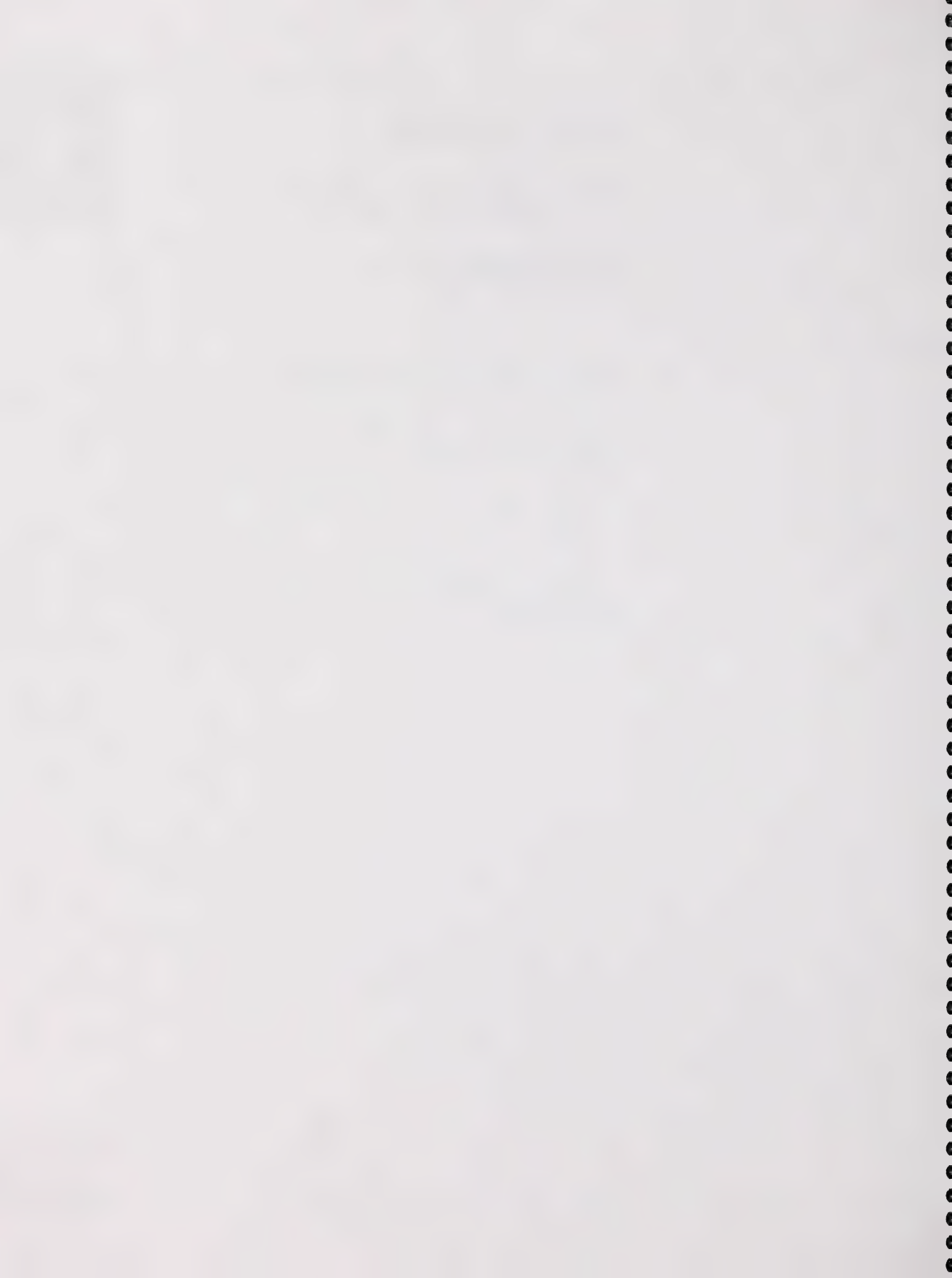
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**TO THE GAMBLER**

*Put into practice the things  
you learn. Don't test  
yourself because things seem  
to be going well.*

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## COMPLETING COUNSELLING AND DISCHARGE PLANNING

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As with other addictions, recovery involves more than just stopping the addiction. All major life areas are included in the treatment plan and reviewed from assessment to completion. The counsellor needs to emphasize that recovery continues even though counselling stops. By this time, the client should be well connected to Gamblers Anonymous, support groups, and/or supportive friends. Other external supports may include their workplace, church groups, clubs, community involvement, neighbours and families. Counselling may be terminated gradually, giving the client the option to return if new issues surface.

Recovering problem gambling clients often like to get involved in “giving back” as a way of expressing their appreciation for recovery and to help others. In 1996, one group of recovering problem gamblers got involved in the following activities:

- Clarifying AADAC’s role at Gamblers Anonymous meetings
- Preparing and submitting a brief (available for your review) to the Lottery Review Committee
- Attending the Lottery Review Committee meetings
- Participating in staff training events
- Compiling a phone support list
- Contacting Gamblers Anonymous headquarters to obtain information on how to start a new group
- Writing an autobiography to submit to a local magazine
- Attending AADAC’s Commission Board meeting
- Meeting with newspaper, radio, and television reporters to offer viewpoints on problem gambling and the gaming industry
- Becoming an AADAC volunteer to help increase awareness of the needs of problem gamblers
- Liaising with the Canadian Foundation on Problem Gambling and the Alberta Council on Problem Gambling to keep informed and aware of their activities

- Organizing a “first annual support group social” to celebrate one year of positive recovery efforts made by the men and women who attend the group
- Contributing to this project by thoughtful discussion and written submissions
- Identify guidelines for the support group, which meets on a weekly basis
- Challenging this writer to constantly revise and rethink beliefs about problem gamblers
- Collecting newspaper clippings on problem gambling to be put in a “history scrapbook”
- Volunteering for on the Gambling Helpline
- Educating employers and others in the workplace setting
- Most importantly, attending group meetings to offer support to each other and the many newcomers, who arrive terrified and leave feeling understood.

Counsellors must take the opportunity to encourage this type of involvement. Some clients will be very enthusiastic about their involvement, some more reticent. Gambling clients do tend to have a lot of energy and it may be realistic to encourage them to become involved in whatever they feel will be helpful. Gambling treatment is relatively new - we need the experience of those who have lived through it to raise awareness in our communities.

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## SIGNS OF RECOVERY FROM PROBLEM GAMBLING

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1. Admit problem
2. Recognition of how behavior affects others
3. Return to work (*if hospitalized or unemployed*)
4. Budget established
5. Decision made regarding who will handle money in the family
6. Concern for family appropriately expressed (*Develop sense of empathy, sensitivity*)
7. Development of problem-solving skills
8. Less crisis in major life areas
9. Savings account
10. Anger expressed appropriately
11. Increased family closeness
12. Issues of gambling appear less frequently and often problems other than gambling emerge as a focus
13. Improved self-esteem and self-acceptance
14. Increased ability to tolerate tension and the development of stress reduction techniques
15. Development of appropriate leisure activities as a substitute for the preoccupation with gambling



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# COMMUNITY REFERRAL RESOURCES

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## GAMBLERS ANONYMOUS

Gamblers Anonymous is a twelve-step, self-help recovery program based on the 12 Steps of Alcoholics Anonymous. Many recovering gamblers feel that Gamblers Anonymous is an essential part of their treatment. The group support and structured steps of the program can be extremely beneficial to the problem gambler who sincerely wants help. At Gamblers Anonymous meetings, members share their experiences, support each other and offer hope to build better lives without gambling.

**The steps of Gamblers Anonymous are as follows:**

1. We admitted we were powerless over gambling—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power (of our understanding).
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having made an effort to practise these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

For further information about Gamblers Anonymous, consult your local telephone directory or write: Post Office Box 17173, Los Angeles, Ca. 90017, Phone: (213) 386-8789.

## GAMANON

The GamAnon suggested steps to recovery are:

1. We admitted we were powerless over the problem in our family.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power (of our understanding).
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having made an effort to practise these principles in all our affairs, we tried to carry this message to others.

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## **THE ALBERTA GAMBLING HELPLINE 1-800-665-9676**

The Gambling Helpline is a toll-free number available 24 hours per day in Alberta. The helpline is staffed by volunteers who have had specific training in the gambling area. This helpline is particularly helpful for additional support when callers experience the urge to gamble and feel that talking with someone will help to overcome those urges.

Clients who are stable in their recovery, and feel a need to offer help to others, have become involved with the helpline. One volunteer states "I feel good every time I encourage a caller to do something else besides gambling. I wish the helpline had been there when I started my own recovery."

## **REFERRALS TO AADAC**

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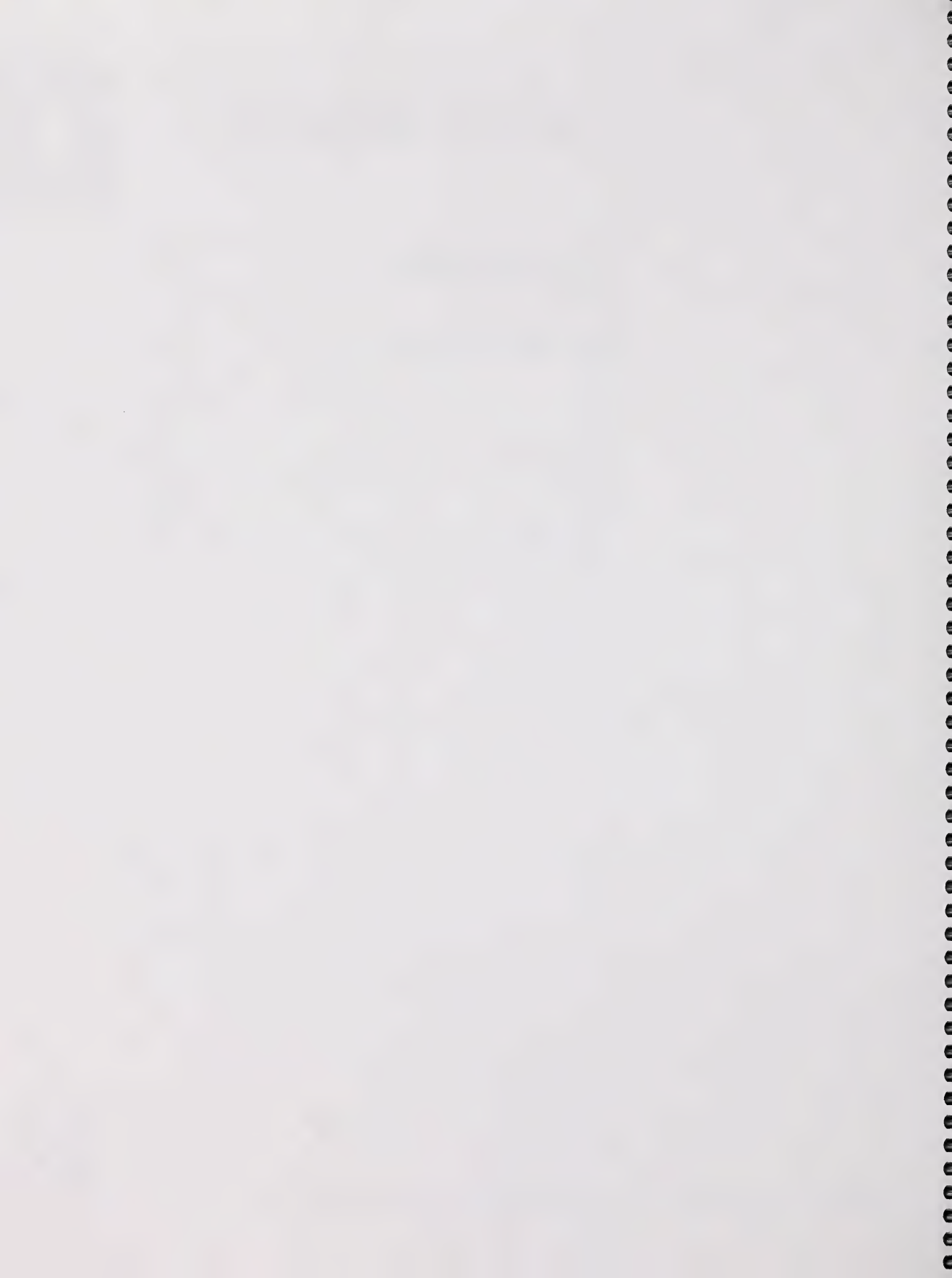
AADAC offers a continuum of treatment services throughout the province of Alberta. These services are located in AADAC treatment facilities and local offices and through funded agencies. For more information regarding AADAC's gambling services, phone your local AADAC office or phone toll free 1-800-260-9616.





# FURTHER READING

<b>GENERAL</b>	<b>8.3</b>
<b>SCREENING AND REFERRAL RESOURCES</b>	<b>8.3</b>
<b>TREATMENT</b>	<b>8.4</b>
<b>GAMBLING AND ALCOHOL/DRUG ABUSE</b>	<b>8.4</b>
<b>WOMEN</b>	<b>8.5</b>
<b>NATIVES</b>	<b>8.5</b>
<b>WORKPLACE</b>	<b>8.5</b>
<b>FAMILY</b>	<b>8.6</b>
<b>LEGAL/HISTORICAL</b>	<b>8.6</b>





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